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Healthy Mothers,
Healthy Babies.
Montana Coalition
Baby your baby



Second Report

Montana

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"...one of the responsibilities we have in state government is to work with the private sector, to work with the medical community, and to work with community leaders in providing adequate health care for all Montanans. It means a public-private partnership. That's the exciting thing about this program, it brings Montanans from all walks of life together for one purpose, to assure that when you're from Montana, you have access to the best quality health care in the nation."

—Stan Stephens, Governor



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BABY YOUR BABY AT A GLANCE

BABY YOUR BABY....Much More Than A Multimedia Campaign!

On behalf of Healthy Mothers, Healthy Babies, the Montana Coalition, the Department of Health and Environmental Sciences, the Department of Social and Rehabilitative Services, and Blue Cross, Blue Shield Of Montana, here is BABY YOUR BABYAT A GLANCE.

BABY YOUR BABY is one "leg" of the MIAMI Project designed to reduce the incidence of low birth weight and infant death and sickness in Montana.

BABY YOUR BABY is multidimensional and works on multiple levels, and has truly been a public/private partnership.

IMPACT

Pregnant Women...as of November 6, 1992, 1,230 pregnant women have called 1-800-421-MOMS and registered for the BABY YOUR BABY Program. Calls have increased to approximately 125 month. Each woman receives a packet containing information vital to her pregnancy and a 15 month calendar for use during her pregnancy and the first 6 months of her baby's life.

Based on information provided by the 825 pregnant women who have registered with BABY YOUR BABY through June 30, 1992 the following statistics have been compiled:

- ☎ 16% are less than 19 years of age
- ☎ 8% are more than 33 years of age
- ☎ 25% had not had a pregnancy checkup
- ☎ 13% made the first pregnancy checkup after the first trimester
- ☎ 52% (433) needed assistance
 - ☑ 54% needed help paying for prenatal care and delivery
 - ☑ 44% needed help selecting healthy foods
 - ☑ 41% needed help paying for healthy foods
 - ☑ 30% needed help finding a physician or care provider
 - ☑ 26% needed help with smoking cessation

A follow up survey, along with an opportunity to receive a free Healthy Mothers Healthy Babies Commemorative Birth Certificate, is sent to each woman who registered when she has delivered. Sixty two percent (323) have returned the survey with the following results:

- ☎ 100% had received some prenatal care
 - ☑ 87% had received prenatal care within the first trimester
 - ☑ 56% had more than 12 prenatal visits
 - ☑ 26% had 9 to 11 prenatal visits
 - ☑ 14% had less than 9 prenatal visits
 - ☑ 60% were delivered by OB/GYN
 - ☑ 25% delivered by private physician
 - ☑ 15% delivered by other

☎ In the follow-up survey women were asked if they had comments-here is what they are saying:

- ☑ I was at risk and didn't know it
- ☑ I needed help paying bills and getting food for the baby
- ☑ Program was very educational
- ☑ WIC office was very helpful during my pregnancy
- ☑ I was denied coverage by two counties
- ☑ My Mother kicked me in the stomach
- ☑ Really appreciate the help and support of two workers who came

- ☒ I had problems with transportation
- ☒ I was treated with utmost respect when using medicaid
- ☒ Applying for medicaid was a most upsetting experience
- ☒ The calendar was wonderful
- ☒ I know now I should have waited longer after my first child
- ☒ I want people to start getting care right away
- ☒ Stress reduction helped
- ☒ Breast feeding information helpful
- ☒ Helpful to have someone to go with me to my medical and WIC appointments
- ☒ You know I learnt from you even if I thought I knew
- ☒ Knowing someone cared and could contact if needed
- ☒ I was going to have my baby at home, I'm glad my husband objected

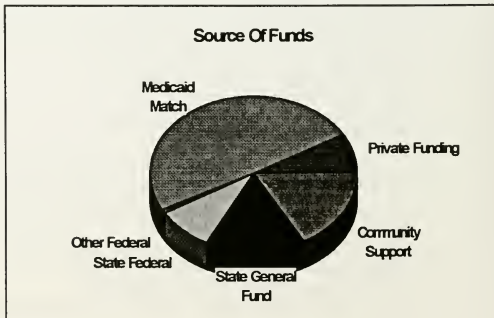
- ☒ The women also indicated some of their needs:
- ☒ Could use more information to stop smoking
 - ☒ Add information on LeLeche League
 - ☒ More information on late teen pregnancy 18-19
 - ☒ Need help line for pregnant women
 - ☒ Need emotional help for Hi-Risk pregnancy
 - ☒ More information on C-Section and postpartum
 - ☒ Has to be something that helps nausea
 - ☒ Importance of leaking water
 - ☒ Counseling for single moms
 - ☒ Information on bonding
 - ☒ Information on toxemia
 - ☒ Classes on preterm labor
 - ☒ More information on complications
 - ☒ Support group to not drink or smoke
 - ☒ Let people know poverty level

SYSTEMS CHANGE

Multiple Level-Multiple Dimensional Focus On A Healthy Pregnancy

The BABY YOUR BABY campaign has forged and strengthened some unique partnerships and has focused tremendous creativity, energy and attention on the importance of a healthy pregnancy. The Program has:

- ☒ established an 1-800 informational and referral line
- ☒ established a person in each community for pregnant women to contact for assistance
- ☒ assisted public health nurses, Miami Projects and others by referring identified high-risk pregnant women
- ☒ established a back-up referral system with the Montana Perinatal Program for identified high-risk pregnant women.
- ☒ provided a direct mail campaign of critical pregnancy information to target group
- ☒ Pregnant women and a healthy pregnancy are recognized as important focus of state government including the Governor, Legislature, and state agencies including DHES, SRS, DFS, Office On Aging
- ☒ expedited access to Medicaid
- ☒ increased provider awareness and support
- ☒ community efforts on behalf of pregnant women have increased
- ☒ established collaborative funding
- ☒ brought to Montana \$236,000 in new federal medicaid dollars
- ☒ received contributions from Community Hospitals of more than \$83,000 to help promote early and continuous prenatal care
- ☒ received more than \$39,000 in private funding



Most importantly, over 50% of women registering for the BABY YOUR BABY Program have needed assistance and have been referred to a local person for help in having a healthy pregnancy. The program has identified and featured in the media campaign women who most likely would have had a poor pregnancy outcome and the resultant high cost but through their involvement with the BABY YOUR BABY Program had a healthy outcome.

Due to lack of adequate resources, shortage of public health nurses, continued difficulty accessing physicians, and women who lack knowledge of the importance of prenatal care, pregnant women still are at risk of having a poor pregnancy outcome.

As the legislature and community has recognized and supported this by expanding Miami Projects and increasing medicaid reimbursement to providers, it is more important than ever to increase the awareness of the importance of early and continuous prenatal care. There is unanimous support for BABY YOUR BABY Phase II - Pregnancy To Age Two.

BABY YOUR BABY PHASE II

BABY YOUR BABY has been a two-year, multi-media campaign designed to communicate with expectant mothers and motivate them to seek early prenatal care. Phase II of BABY YOUR BABY is designed to expand that education to include children under the age of two.

The priority objectives of this statewide outreach campaign are to:

1. Reduce the number of low birth weight babies
2. Reduce infant mortality and morbidity
3. Increase the number of women seeking prenatal care during their first trimester
4. Increase the number of women receiving continuous prenatal care
5. Increase the number of women breast feeding
6. Ensure that children, especially those who are disabled or at risk receive early and regular preventive health care
7. Inform Medicaid eligible parents about Kids Count Well-child screening examinations, follow-up, and treatment
8. Inform Medicaid providers and recipients about the Passport To Health Program
9. Inform all Montana parents about the need for early medical check-ups for their children including eye, hearing, dental and immunizations
10. Inform the public about emergency medical services and injury prevention for children
11. Encourage participation in early reading programs

Media Public Education Campaign Summary

The primary objective of BABY YOUR BABY PHASE II is to communicate with pregnant women in Montana in order to motivate them to seek early and repeated prenatal medical care and, with parents of children under the age of two, to motivate them to make sure their child receives early and regular preventive health care. Phase II is designed to reduce maternal and infant deaths and sickness and ensure that children who are disabled or at risk are identified and receive care, particularly in those target audiences that do not seek traditional avenues to medical care.

The campaign is a two-year continuation of the BABY YOUR BABY community outreach and public awareness effort that started in 1991. It involves a multi-media approach to selected target audiences in both urban and rural venues. This multi-faceted media campaign is directed primarily to high-risk women and, secondarily, to all women of child-bearing age. The new component will additionally target parents of children under two years of age.

The campaign is designed to educate and motivate expectant mothers (and those who influence them, i.e. spouse/partners, parents, relatives, friends) to become involved in a medical support program at the onset of pregnancy, not later than the first trimester. Parents of children under two

years of age, and those who influence them, will be encouraged to get their children into a well-child health program and to enhance their parenting skills.

The Campaign

BABY YOUR BABY PHASE II is a two-year multi-media campaign comprised of four six-month "waves." Each wave will carry forward the main theme of the campaign yet focus on specific sub-themes. These themes will include:

- prenatal care
- neo-natal care
- well-child care
- breast feeding
- immunizations
- Family Teaching Centers
- child safety and accident prevention
- parenting
- home visits
- support for parents, siblings, grandparents
- working parents
- dental care for mothers and children
- school readiness and early reading
- day care
- foster care
- extended family
- adoption
- fathers' role
- child support
- developmental stages
- exercise for pregnant women and new mothers
- infant and child exercise

The campaign will be carried out through various media including broadcast television and radio, print advertising, outdoor posters, print support materials, exhibits and special events.

Most importantly, the tone of the campaign will be positive, offering support and encouragement to expectant mothers and families of children newborn to two. It will emphasize the need for the mother's extended family and the community to nurture and assist her in having the best pregnancy possible and develop the necessary parenting skills to enhance the health and well being of Montana's children.

UNDERWRITING PROGRAM

The BABY YOUR BABY campaign has been and will continue to be a true public/private partnership. The cost of the campaign will be underwritten by sponsors from both the public and private sector.

Each major sponsor will receive credit on all media components. This will include, but will not be limited to television, radio, newspaper ads, bus boards, seminars, information cards, campaign banners, posters, pamphlets, viewer guides and TV program ads.

The campaign will provide underwriting partners with two years of high visibility in the community. In addition, they will be able to reach mothers-to-be and families of children newborn to two with their own materials through a direct mail packet which will be part of the campaign.

A major advantage to a corporation of joining in this campaign is their ability to reach its target publics at a very low cost.

Introduction

INTRODUCTION

"No nation can call itself great that does not put its children first. We want the dying to end, and we are convinced it can be ended. It is not inevitable that the grave and the cradle be one and the same for thousands of American children" (Senator Lawton Chiles, Chairperson of the National Commission to Prevent Infant Mortality).

Note from a 800-line caller
...I appreciated the fact you
were always there. Kept your
800 number on our refrigerator.
[The program is] especially
good for someone in a rural
area like me. ...I loved being
pregnant. Hope all women do.
Keep up the good work.

The United States ranked 24th in the world for the lowest incidence of infant mortality in 1987 (10.1 deaths per 1,000 live births), the latest year for which complete international statistics have been compiled. Although the United States has fallen from its ranking of 20th in the world in 1980, the infant mortality rate has shown a decrease from 12.6 deaths per 1,000 live births to 9.8 deaths per 1,000 live births in 1989 (Center for the Study of Social Policy 1992). Montana had an infant mortality rate of 10.0 per 1,000 live births over the 3-year period 1987-89.

Studies indicate that the leading cause of preventable death among infants is low birth weight, a problem which can be largely controlled if mothers-to-be receive early and continuous prenatal care. Socioeconomic and demographic characteristics associated with the risk of low birth weight include low educational attainment, unmarried status, being 30 years of age or older having the first baby, or being a teenage mother having a second or higher order of birth (U.S. Department of Health and Human Services 1991).

Based on Montana vital statistics,

- Deaths of infants under the age of one year represented 1.6 percent of all deaths in Montana.
- Every three days one baby under the age of one year died.
- Every week 14 low birth weight babies were born.
- Every week 26 babies were born to teenage mothers.

In an effort to reduce infant morbidity and mortality in Montana, Healthy Mothers, Healthy Babies, The Montana Coalition (HMMHB) reviewed actions of other states to reduce infant mortality. Particular attention focused on Utah's Baby Your Baby Program developed by the Utah Department of

Health and KUTV Television in Salt Lake City. In 1988, HMHB organized a Steering Committee comprised of representatives of government, the medical community, insurance providers, community service groups, and other interested parties to take a closer look at Utah's Baby Your Baby Program.

At the urging of grassroots advocates and public health agencies, Montana's Initiative for the Abatement of Mortality in Infants (MIAMI) was passed by the 1989 Legislature and extended by the 1991 Legislature, to improve pregnancy outcomes and decrease infant mortality in Montana. The Governor-appointed MIAMI Advisory Council, representing those interested in perinatal issues, was established. The Council is composed of members of state and local health departments, social service agencies, parent organizations, private health care providers, American Indian tribes, and non-profit organizations.

MIAMI implemented four approaches to achieve the goal of improving pregnancy outcomes and decreasing infant mortality in Montana.

- ❑ Local MIAMI projects were established to prevent low birth weight babies and reduce infant mortality through coordination of perinatal care. Eight MIAMI projects have shown that assisting women in gaining access to early and comprehensive prenatal care can improve pregnancy outcomes.
- ❑ An Infant Mortality Review Program was established to identify specific factors in Montana which contribute to poor pregnancy outcomes.
- ❑ Medicaid changes such as expedited ambulatory prenatal care for pregnant women who are presumed to be eligible for Medicaid ("presumptive eligibility") and continuous eligibility for pregnant women were implemented to enable more women access to early and continuous prenatal care.
- ❑ Public education projects were established to lower the incidence of low birth weight babies and infant mortality. The BABY YOUR BABY Program carries out this public education campaign.

The Montana Department of Health and Environmental Sciences solicited proposals to organize and implement the BABY YOUR BABY Program. HMHB was selected by the State of Montana to carry out all administrative and supervisory responsibilities and to provide fiscal management of BABY YOUR BABY. In addition to HMHB, other agencies and organizations directly involved with BABY YOUR BABY are the Governor of Montana, Montana State Legislature, the Montana Department of Health and Environmental Sciences, the Montana Department of Social and Rehabilitation Services, and Blue Cross and Blue Shield of Montana.

Phase I of the BABY YOUR BABY Program is a two-year community outreach, referral, and public awareness effort involving a multi-media approach to selected target audiences in both urban and rural areas. BABY YOUR BABY was officially launched on March 8, 1991. In a proclamation signed by Governor Stan Stephens, it stated:

I, Stan Stephens, Governor of the State of Montana, do hereby proclaim March 11-15, 1991 as BABY YOUR BABY week in Montana and encourage all citizens to join in this observation to support the coming of life and the quality of that life by encouraging all Montana women to receive early and repeated prenatal care throughout pregnancy.

The Program, directed primarily at pregnant women and secondarily at all women of child-bearing age, was designed to achieve three major objectives:

- ☐ Reduce the incidence of low birth weight babies in Montana.
- ☐ Reduce mortality and morbidity of infants under the age of one year.
- ☐ Increase the number of pregnant women receiving prenatal care during their first trimester and at regular intervals thereafter until their baby is born.

BABY YOUR BABY is reaching mothers-to-be through local media efforts such as television public service announcements (PSAs), news series, and half-hour documentaries; radio PSAs; posters; public forums; brochures; billboards; newspapers; and the 1-800 BABY YOUR BABY referral telephone line.

The first interim BABY YOUR BABY report, published in July 1991, discussed events and results of the program through June 1991.

This second report discusses at-risk babies, the BABY YOUR BABY Program, results of the Program to date, and future events of the Program. Some women who have called the 1-800 BABY YOUR BABY telephone line told about how BABY YOUR BABY had helped them (see excerpts in boxes throughout the report). The excerpts presented in the text of this report are not inclusive (see Summary of Survey Results in the Appendix for a more complete list).

The media portion of the BABY YOUR BABY campaign phased in between March and June of 1991. Many facets of the Program (e.g., radio and television news segments, PSAs, and surveys of pregnant women before and after birth of their baby) described in this report will be continued through June of 1993.

Babies At Risk

The U.S. Surgeon General recognized the importance of problems associated with low birth weight babies in 1980, when he called for the reduction of low birth weight as one of the major health objectives for the nation. In 1990, the U.S. Public Health Service accepted the challenge to reduce the incidence of low birth weight (5 pounds, 8 ounces or less) to no more than 5 percent of live births and very low birth weight (3 pounds and 5 ounces or less) to no more than 1 percent of live births (U.S. Department of Health and Human Services, Public Health Service, September 1990).

In the United States, of all infants who die in the first year of life, 60 percent are of low birth weight and 40 percent of these are of very low birth weight. Approximately 50 of every 1,000 single births in Montana are low birth weight infants (Montana Department of Health and Environmental Sciences, Vital Records and Statistics Bureau, May 1991).

Many factors interact to increase the incidence of babies with low birth weights, including environment, culture, economic status, health of mothers-to-be, access to prenatal care, social behaviors (e.g., drinking alcoholic beverages, smoking, using non-prescribed drugs), stress, age, race, marital status, education, maternal complications, and pre-term labor. These factors do not have a cause and effect relationship, but do contribute to the incidence of low birth weight babies.

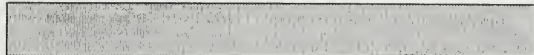
IN MONTANA,

- ❑ Pregnant women who received prenatal care had a lower incidence of low birth weight infants than those who did not obtain prenatal care in 1991 (11.2 percent for women without prenatal care and 4.8 percent for women with prenatal care).
- ❑ Mothers-to-be who drank alcohol had a higher incidence of low birth weight babies in 1991 (10.1 percent for women who drank alcohol and 4.6 percent for women who did not drink alcohol during pregnancy).
- ❑ Pregnant women who smoked during pregnancy had a higher incidence of low birth weight infants in 1991 (7.8 percent for smoking women and 4.1 percent non-smoking women).

Some factors which contribute to low birth weight babies are not easily controlled and present barriers for adequate prenatal care. Women with low incomes may be discouraged by the cost of prenatal care; young, pregnant women may not have access to information about healthy habits; unmarried, pregnant women may face greater risk due to stress associated with socioeconomic and psychological factors; and rural women may have great distances to travel for prenatal care and delivery.

A recent survey conducted by the Montana Perinatal Program of the Department of Health and Environmental Sciences (February 1991) confirmed that there are barriers to prenatal care among Montana women. Results of the survey indicate that:

- ☐ Unmarried women, not graduated from high school, using Medicaid to pay for prenatal care, and whose annual per capita income was less than \$6,000 were most likely to seek late prenatal care.
- ☐ The younger the mother, the later she sought prenatal care.
- ☐ American Indian mothers and women receiving public assistance initiated prenatal care later in their pregnancy than non- American Indian women and those not receiving public assistance.
- ☐ The most commonly reported suggestions to improve pregnancy checkups were: pregnancy care should cost less (49 percent); scheduling of appointments could be improved to reduce waiting time (23 percent); see the same doctor or nurse each visit (9 percent); and child care should be available at the clinic or doctor's office (7 percent).
- ☐ Approximately one-third of the respondents indicated they had problems in obtaining prenatal care. Of these respondents, the leading problems associated with getting prenatal care included: too long of a wait at the clinic or doctor's office (24 percent); no health insurance (19 percent); no money to pay for prenatal care (19 percent); and transportation (15 percent).



BABY YOUR BABY strives to make all women aware of the importance of early and continued prenatal care and to inform them of opportunities to acquire assistance with obtaining prenatal care.

Baby Your Baby Program

BABY YOUR BABY has been made possible through a public and private partnership. This partnership has resulted in an effective communication network and has developed creative ways in which to maximize funds. Major sponsors of BABY YOUR BABY are the Montana Department of Health and Environmental Sciences, Montana Department of Social and Rehabilitation Services, Blue Cross and Blue Shield of Montana, and Healthy Mothers, Healthy Babies, The Montana Coalition. Other donors have been solicited through presentations and grant proposals and, because BABY YOUR BABY is an outreach program for pregnant women, general fund and donation dollars have the potential to be matched by Medicaid. In addition to dollar donations, many companies and agencies have provided in-kind services for BABY YOUR BABY. The two-year budget for BABY YOUR BABY was \$372,208 plus a maintenance budget of \$64,193 to complete Phase I.

*Note from 800-line caller
...I was treated with the utmost
respect when using Medicaid
and Food Stamp services which
I received after contacting the
Baby Your Baby Program.
Thank you very much.*

BABY YOUR BABY ORGANIZATIONAL STRUCTURE

Under the leadership of HMHB, an Executive Committee was established to oversee the BABY YOUR BABY Program. The Steering Committee, originally established in 1988, also remains in place to organize and promote broad-based community support for BABY YOUR BABY. In addition, to the Executive and Steering committees, several subcommittees have been formed to provide guidance and technical support for the Program. Responsibilities of the Executive Committee and subcommittees are as follows:

- Executive Committee: Oversees the Program and all campaign elements of the Program and assists in obtaining funding for the Program. The Executive Committee is comprised of representatives of HMHB, Montana Department of Health and Environmental Sciences, Montana Department of Social and Rehabilitation Services, and Blue Cross and Blue Shield of Montana.
- Technical Guidance Subcommittee: Responsible for providing technical accuracy of all materials and products associated with BABY YOUR BABY and for furnishing medical consultation to the Program.

-
- ❑ Information and Incentive Subcommittee: Responsible for soliciting and overseeing development of materials included in the information packet sent to expectant mothers who call the toll-free referral telephone line.
 - ❑ Evaluation Subcommittee: Responsible for developing and implementing an evaluation plan to measure the success of the Program and for making recommendations for changes in the campaign strategy.
 - ❑ Media Review Subcommittee: Responsible for reviewing material specific to target groups (teenagers, American Indians, low income women, and other at-risk women) for appropriateness and potential impact.
 - ❑ Referral Subcommittee: Responsible for establishing the referral system used for those seeking assistance through the 1-800 referral telephone line, generating the referral contact person list, for developing the role of HMHB local coalitions for supporting the BABY YOUR BABY Program, and developing the format for BABY YOUR BABY forums for care givers.

PUBLIC OUTREACH AND MEDIA CAMPAIGN

The BABY YOUR BABY media campaign, one of the most intensive media campaigns in Montana's history, consists of a diverse array of printed and broadcast communications. The campaign is targeted at informing Montana mothers-to-be of the importance of "babying their baby" through early and continuous prenatal care.

Continental Productions (Great Falls, Montana) has been responsible for producing the television segments of BABY YOUR BABY. The production crew has travelled more than 7,600 miles in Montana and filmed over 200 interviews for the news segments and documentaries. News segments were also filmed in Denver, Colorado, Seattle, Washington and Washington, D.C.

Since the official kickoff of the campaign in March 1991, the following events and media campaign elements have taken place.

*Note from 800-line caller
...I think the information sent
out is very beneficial. I learned
a great deal from the
pamphlets sent out. Keep up
the great job. I know I
benefited from the Program.*

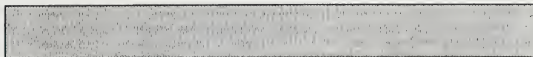
- ❑ **Television:** A special BABY YOUR BABY network was formed among television stations throughout the state. Starting in March 1991, each network affiliate has aired BABY YOUR BABY news segments each week, an half-hour documentary every six months, and PSAs which promote the 1-800 referral telephone line. To date, 104 news segments, nine PSAs, and four half-hour documentaries have been produced and distributed to six Montana stations--KULR (Billings), KCTZ (Bozeman), KXGN (Glendive), KTGF (Great Falls), KTVH (Helena), and KCTZ (Missoula). Collectively these six stations reach 86 percent of Montana households. Special PSAs were produced for the Governor's Office on Aging on assistance to pregnant women and the Immunization Program. These PSAs were distributed with flight three and flight four materials.
- ❑ **Radio:** Four 30-second PSAs were sent to 73 radio stations within the state during the week of Mother's Day 1991 and 1992. Eighteen radio stations are airing a radio version of the television news segments. Radio markets include Billings, Bozeman, Butte, Dillon, Forsyth, Great Falls, Helena, Kalispell, Lewistown, Malta, Missoula, Miles City, and Shelby.
- ❑ **Community Forums:** Community forums were held in Billings, Bozeman, Butte, Dillon, Glasgow, Great Falls, Hamilton, Helena, Kalispell, Lame Deer, Lewistown, Libby, Miles City, Missoula, Plains, Sidney, Fort Belknap and Flathead Indian reservations, and members of the Crow Tribal Health Department. The purpose of the forums was to provide information about BABY YOUR BABY and to assist in developing services and referral systems in their communities. Issues such as funding, transportation, nutrition, finding a care provider, day care, and hunger were addressed at the forums.

-
- ❑ **Community Meetings:** In the spring of 1992, community meetings were held in Billings, Bozeman, Great Falls, Helena, and Missoula. Representatives of the local HMHB Coalition, the Television Station, local sponsors, MIAMI Projects, WIC, and the local Health Department met to discuss ways of increasing the visibility of BABY YOUR BABY in their community.
 - ❑ **Newspaper:** The Montana Newspaper Association voted at their annual meeting to make BABY YOUR BABY a project of the association. The eight-page newspaper supplement will be made available to daily newspapers through the association and a BABY YOUR BABY column will be made available to weekly newspapers in November of 1992. Blue Cross and Blue Shield of Montana funded the cost of announcements in newspapers of each of the television marketing areas (Billings, Bozeman, Glendive, Great Falls, Helena, and Missoula) where the first half-hour documentary was aired.
 - ❑ **Other Printed Materials:** Twenty thousand BABY YOUR BABY information brochures were distributed through local HMHB Coalitions, health care providers, and state and county offices.

Blue Cross and Blue Shield of Montana printed 2,500 full-color posters, promoting the 1-800 referral line. These posters were distributed to television stations, local HMHB Coalitions, county health departments, Medicaid offices, and local BABY YOUR BABY contact people.

A special Care Provider's Guide to BABY YOUR BABY was produced and distributed to care providers across the state.

BABY YOUR BABY information cards were mailed by the Montana Department of Social and Rehabilitation Services to 54,000 Medicaid and Aid to Families with Dependent Children (AFDC) recipients in 1991 and again in 1992.



□ 1-800 Referral Telephone Line (1-800-421-MOMS):

The 1-800 telephone line was in operation by March 1991 to receive calls from mothers-to-be who may need assistance with their pregnancies. This segment is a very important part of BABY YOUR BABY because it is at this point that the expectant mothers learn where they can receive assistance with their pregnancy. The toll-free referral line will be ongoing through at least June 30, 1993.

When the call is received by HMHB staff in Helena, they enroll the pregnant women in BABY YOUR BABY, administer a short survey, and provide, if needed, a referral contact person in the caller's area. Each county has a contact person who is usually a local health provider or a public health nurse.

The HMHB staff sends each enrolled pregnant woman an information packet as well as an incentive gift ("First Fifteen Months with Baby" calendar). The information packet contains important material for the mothers-to-be including information on: drugs, alcohol, tobacco abuse during pregnancy; sexually transmitted diseases; the Montana pregnancy risk line; Montana child care resources; immunizations; breastfeeding; the Medicaid Well Child Health Program; seat belt usage during pregnancy; child passenger safety; the Child Support Enforcement Program; family violence prevention and treatment; the Nutrition Program for Montana's Women Infants Children (WIC); Family Planning and the Montana Medical Genetics Program at Shodair Hospital in Helena.

Follow-up activities after initial contact is made by pregnant women include:

- If a woman needs assistance, the HMHB staff sends a copy of the request to the contact person closest to her place of residence for follow-up and action.
- A copy is sent to the Montana Perinatal Program of the Department of Health and Environmental Sciences. The Perinatal Program staff makes telephone follow-up calls to contact people who have received BABY YOUR BABY referral information.

*Note from 800-line caller
...it helped a lot just knowing I
had a lot of information on
everything I needed to know.
Everyone that I saw during my
pregnancy were great
(especially) Deering Clinic and
Elizabeth Seton Clinic.*



- After the BABY YOUR BABY enrollees have given birth, the HMHB staff sends a second questionnaire to the mother to gather pertinent information concerning the baby's birth. Women returning the questionnaire receive a second incentive gift—a special commemorative birth certificate signed by the Governor of Montana with their baby's name calligraphed on the certificate (a \$17 value).

*Note from 800-line caller
...I really appreciated the help
and support of the two workers
who came to see me. They gave
me lots of information and
seemed to genuinely care about
me, my pregnancy and the
unborn baby.*

BABY YOUR BABY EVALUATION

Measuring the success of BABY YOUR BABY is a very important part of the Program and will continue throughout the duration of the Program. Information gathered from pregnant women calling the 1-800 referral telephone line have been used to evaluate which elements of the media campaign were most successful. Other information provided by the mothers-to-be is useful in determining why women do not receive prenatal care and what assistance is most often needed by women to have a healthy pregnancy.

Vital statistics from previous years have been collected to establish baseline data trends for statistics such as infant deaths, low birth weight, or other possible outcomes of pregnancy. To determine whether changes in perinatal statistics can be correlated with BABY YOUR BABY, baseline data will be compared with annual data following implementation of the Program; however, it is anticipated it will take several years before change may be realized. Other statistics being examined include Medicaid and WIC Program caseload numbers and costs associated with prenatal care and records of Indian Health Service clinics.

The follow-up survey of women enrolled in BABY YOUR BABY provides useful information about the baby's birth and assists in determining if the women who became knowledgeable about the importance of prenatal care were adequately inspired by the Program to follow through by obtaining prenatal care.

RESULTS OF BABY YOUR BABY ENROLLMENT SURVEY

Between March 1991 and June 1992, HMHB has received 825 BABY YOUR BABY calls from pregnant women throughout Montana (see Appendix for complete results). This an average of 55 calls a month during the 15-month period.

Many methods of advertising (television, radio, posters, brochures, and billboards) have been used to encourage pregnant women to call the BABY YOUR BABY 1-800 telephone line. To date, the most effective means of encouraging women to call the BABY YOUR BABY telephone line has been through health care providers (13 percent) and advertisement flyers accompanying checks sent to AFDC and Medicaid recipients (12 percent). Twenty-five percent stated that they had viewed one of the three methods of television advertising. Of this 25 percent, 10 percent reported viewing the public service announcements, 11 percent viewed the news items, and 5 percent indicated that they learned about BABY YOUR BABY by viewing the one-half hour documentary. Two percent stated that they called after seeing the number on billboards. Although radio PSAs and newspaper articles have been cited as a source of BABY YOUR BABY information (less than 1 percent each), the major radio campaign just started and the newspaper campaign will not start until late fall 1992.

Results of the survey administered at the time women called the 1-800 referral line indicate:

- ☐ Sixteen percent of the respondents were under 19 years of age and 8 percent were over 33 years of age.
- ☐ Twenty-five percent had not received a pregnancy checkup.
- ☐ Of those who had a pregnancy checkup, 13 percent made their first pregnancy visit after the first trimester.
- ☐ Fifty-two percent (433 respondents) needed assistance with their pregnancy. Of these 433 women:
 - ☐ Fifty-four percent needed help paying for pregnancy visits to the doctor and delivery of the baby.

*Note from 800-line caller
...before I went to see the
doctor I was three months
pregnant. I was worried about
the financial part until I found
out about Medicaid.*

*Note from 800-line caller
...that there was someone
caring who I could contact if I
needed help was a real relief
for me.*

- ❑ Forty-four percent needed help selecting healthy foods during their pregnancy.
- ❑ Forty-one percent needed help paying for healthy foods during their pregnancy.
- ❑ Thirty percent needed help finding a doctor to provide pregnancy care.
- ❑ Twenty-six percent needed help with smoking cessation.

RESULTS OF BABY YOUR BABY MAIL FOLLOW-UP SURVEY

Follow-up questionnaires were mailed to 523 women who had enrolled in the BABY YOUR BABY Program through June 30, 1992. A total of 323 women (62 percent) returned the questionnaire. Results of the follow-up survey are as follows:

- ❑ All women had received pregnancy checkups, with 87 percent reporting their first checkup during the first trimester.
- ❑ Fifty-six percent received 12 or more pregnancy checkups, 26 percent had 9 to 11 checkups, and 14 percent had less than 9 pregnancy checkups.
- ❑ Sixty percent of the babies were delivered by a private OB/GYN physician, 25 percent were delivered by a private physician, and the remaining 15 percent were delivered by an Indian Health Service physician, family nurse practitioner/nurse midwife, or family member.

Although results of BABY YOUR BABY are preliminary, because collection of data is ongoing, we are encouraged by the number of pregnant women who have called the 1-800 referral telephone line seeking assistance with having a healthy pregnancy and calls to the 1-800 have been increasing each month.

We look forward to the personal and societal rewards of increasing the number of women obtaining prenatal care and, thereby, decreasing the incidence of infant mortality in Montana. Montana's infants are a treasured natural resource whose health and well-being are vital to the future of our state.

Baby Your Baby -The Future

HMHB is pleased to be participating with the Department of Health and Environmental Sciences and Department of Social and Rehabilitation Services as well as other public and private agencies to conduct this multi-media campaign to address the issues of infant mortality and morbidity and preventive health care for pregnant women and children under two years of age.

National studies show that the leading cause of preventable death among infants less than one year of age is low birth weight. Medical experts agree that low birth weight and its resultant complications can be largely prevented by the expectant mother through receiving prenatal care during her first trimester and at regular intervals thereafter until the birth of her child.

For young children, the rural and sparse population in Montana has negatively influenced the distribution of health care and social services and has greatly increased the difficulties in service delivery and access. The Montana Legislature, the Department of Health and Environmental Sciences, Department of Social and Rehabilitation Services and HMHB are committed to addressing the problem of infant mortality and morbidity and providing preventive health care for children.

Phase I of BABY YOUR BABY has been a two-year, multi-media campaign designed to communicate with expectant mothers and motivate them to seek early prenatal care. Phase II of BABY YOUR BABY is designed to expand that education to include children under the age of 2.

The priority objectives of this statewide outreach campaign are to:

- ☐ Reduce the number of low birth weight babies
- ☐ Reduce infant mortality and morbidity
- ☐ Increase the number of women receiving prenatal care during their first trimester
- ☐ Increase the number of women receiving continuous prenatal care
- ☐ Increase the number of women breastfeeding


*Note from 800-line caller
...I didn't contact Baby Your
Baby until I was in my final
months. The information sent
was excellent and I will keep it
on hand for our next pregnancy
or for friends with questions.
Thanks.*

- ❑ Ensure that all children, especially those who are disabled or at risk, receive early and regular preventive health care
- ❑ Inform Medicaid eligible parents about Kids Count well-child screening examinations and follow-up treatment
- ❑ Inform Medicaid providers and recipients about the Passport to Health Program
- ❑ Inform Montana parents about the need for early medical check ups for their children including eye, hearing, and dental exams, and immunizations
- ❑ Inform parents about emergency medical service issues and injury prevention for young children
- ❑ Encourage participation in early reading programs

THE CAMPAIGN

BABY YOUR BABY PHASE II is a two-year, multi-media campaign comprised of four six-month “waves.” Each wave will carry forward the main theme of the campaign, yet focus on specific sub-themes. These themes will include:

- ✓ prenatal care
- ✓ neo-natal care
- ✓ well-child care
- ✓ breastfeeding
- ✓ immunizations
- ✓ Family Teaching Centers
- ✓ child safety and accident prevention
- ✓ parenting
- ✓ home visits
- ✓ support for parents, siblings, and grandparents
- ✓ working parents
- ✓ dental care for pregnant women and young children
- ✓ school readiness and early reading
- ✓ day care
- ✓ foster care
- ✓ extended family
- ✓ adoption
- ✓ fathers’ role
- ✓ child support
- ✓ developmental stages
- ✓ exercise for pregnant women and new mothers
- ✓ infant and child exercise



The campaign will be carried out through various media including television and radio broadcasts, print-advertising, outdoor posters, printed support materials, exhibits, and special events.

The contact and referral system has been invaluable to the success of the BABY YOUR BABY Program. The community contacts will assist in determining the expansion of this system to include the newborn to two year old component.

The BABY YOUR BABY informational packet and 15-month calender will continue as the incentive for pregnant women calling the 1-800 line. The Incentive Subcommittee will determine the appropriate incentive for the newborn to two component. This will be pilot tested by a target group.

Most importantly, the tone of the campaign will be positive, offering support and encouragement to expectant mothers and families of children newborn to two. It will empathise the need for the family and the community to nurture and assist her in having the best pregnancy possible and developing the necessary parenting skills to enhance the health and well-being of Montana's children.

The Name, the Logo

The name of the campaign will continue to be "BABY YOUR BABY." Montana has patterned its campaign after the one developed in Utah and HMHB has extended its rights to the Utah BABY YOUR BABY name, logo, and materials to cover Phase II.

The Executive Committee and sub-committees will continue to monitor and evaluate elements of BABY YOUR BABY to ensure necessary modifications are made to maximize effective communication with pregnant women and families of children newborn to two in Montana. The most effective Program elements will be reinforced and expanded if preliminary results indicate that some forms of media are more effective than others.

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*Note from 800-line caller
...the WIC Program is
wonderful. That is how I found
out about Baby Your Baby.*



*Note from 800-line caller
...this is a great program, I
appreciated all the help I was
given.*

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Department Of Social And Rehabilitation Services

Nancy Ellery

Blue Cross And Blue Shield Of Montana

Charles Butler

Healthy Mothers, Healthy Babies -- The Montana
Coalition

Michael Cucciardi

PROJECT COORDINATOR

Universal Consulting

D. Elizabeth Roeth, RNC, MBA

BABY YOUR BABY INFORMATION AND REFERRAL LINE

Cyd Slattery

EVALUATION

Northwest Resource Consultants

Linda Priest

*Note from 800-line caller
...this is a wonderful program,
with helpful and useful
information. Thank you for all
the pamphlets and calendar.*

Media Production Team

TELEVISION PRODUCTION

Continental Productions, Great Falls

James Colla

Penny Adkins

Duke Brekhas

James Russell

JoMay Barker

*"There are no villains in this
story just victims ... women
who don't have access to care."
—JoMay Barker, BABY YOUR
BABY Network Anchor*

MEDIA DEVELOPMENT AND SUPERVISION

GHS Public Relations, Helena and Seattle

Robert Howard

J. Riley Johnson

Ed Snyder

RADIO PRODUCTION

Baran Productions, Helena

Bob Baran

KGHL, Billings

Lynn Turner-Fitzgerald

PRINT PRODUCTION

Insty-Prints, Helena

Blue Cross and Blue Shield of Montana, Helena

TECHNICAL ADVISOR

Universal Consulting

D. Elizabeth Roeth, RNC, MBA

APPENDICES

*Note from 800-Line caller
...I received wonderful care. I
hope everyone will go to the
doctor it could save their
baby's life.*

- ❑ BABY YOUR BABY CALENDAR
- ❑ LIST OF DONORS AND SUPPORTERS
- ❑ ORGANIZATIONAL CHART
- ❑ LIST OF TELEVISION NEWS SEGMENTS
- ❑ LIST OF TELEVISION DOCUMENTARIES
- ❑ LIST OF RADIO SEGMENTS
- ❑ COMMUNITY CONTACT LIST
- ❑ SUMMARY OF SURVEY RESULTS
- ❑ REFERENCES



Baby Your Baby Calendar

Baby Your Baby Calendar

1988		JUNE	KTGF agrees to be anchor station for the BABY YOUR BABY television network
MAR.	First exploratory meeting with KUTV Utah and potential players - Healthy Mothers, Healthy Babies (HMHB) Conference Room in Helena		Grant application "BABY YOUR BABY - A Multi-media Campaign for Drug and Alcohol Free Pregnancy" submitted to the Federal Office for Substance Prevention for BABY YOUR BABY funds
APR.	Work begins to establish funding and television and radio network		
SEPT.	First check arrives from The Doctor's Company for BABY YOUR BABY Program	JULY	Production contract negotiations begin
1989			Technical assistance received from Stanford on production contract
JAN.	Grassroots advocacy efforts on behalf of MIAMI Bill begin	AUG.	BABY YOUR BABY Program development begins
	Negotiations with KUTV begin on production rights		First draft of "BABY YOUR BABY and the Health Care Provider" brochure
	Presentation to HMHB's Interagency Committee seeking potential state agency financial support		BABY YOUR BABY Community Health Care Providers and Educational Forums planning begins
FEB.	First of monthly meetings of Steering Committee	SEP.	Utah's KUTV BABY YOUR BABY materials received and reviewed
APR.	Work begins on Registration and Information Packet to be sent to BABY YOUR BABY enrollees	OCT.	BABY YOUR BABY presentation to Blue Cross and Blue Shield of Montana
	Work continues on financial backing for BABY YOUR BABY	DEC.	Funding stabilized to move forward with BABY YOUR BABY
	MIAMI Bill passes which includes funds for media outreach program to pregnant women	1990	
MAY	BABY YOUR BABY subcommittees meet	JAN.	Production Rights purchased for BABY YOUR BABY from KUTV
	Presentation made to Montana Department of Social and Rehabilitation Services (SRS) staff	FEB.	Response to Request for Proposal submitted to Montana Department of Health and Environmental Sciences (DHES); DHES awards contract to HMHB to oversee and coordinate public education campaign (BABY YOUR BABY)
	Work begins on Medicaid matching funds		

1990 Continued

FEB. Continued

Developmental Disabilities of SRS commits to sponsor BABY YOUR BABY

Montana Departments of SRS and DHES sign on as major sponsors

Negotiations continue on contract with Continental Productions of Great Falls

MAR.

Steering Committee formalized with members, responsibilities, and subcommittees

Monthly BABY YOUR BABY Advisory Committee meetings begin again

Executive Committee established
Action plans established for subcommittees

Contract negotiations begin with DHES
10,000 BABY YOUR BABY information brochures distributed statewide

MAY

Proposal for funds to support BABY YOUR BABY submitted to March of Dimes and to Children's Trust Fund

Script development begins for Flight

JUNE

DHES contract signed with HMHB

Funds received from Blue Cross and Blue Shield of Montana

First Medicaid matching funds received
BABY YOUR BABY - A Multi-media Campaign for Drug and Alcohol Free Pregnancy" grant revised and resubmitted to the Federal Office of Substance Abuse and Prevention

JULY

BABY YOUR BABY scripts submitted to Technical Advisory Committee for review and comments

AUG.

Agreement signed with Continental Productions

Blue Cross and Blue Shield of Montana signs on as major sponsor

Shodair Hospital of Helena signs on as sponsor

Child Support Bureau of the Montana Department of Revenue signs on as sponsor

SEP.

Community Health Care Providers and Educational Forums development begins

Proposal submitted to Montana Power Company/ENTECH Foundation

OCT.

Grant received from Children's Trust Fund

Proposal submitted to Montana Area Health Education (AHEC) Center to support BABY YOUR BABY Community Forums

Filming began for BABY YOUR BABY First Phase-Flight I of news segments and documentary

NOV.

Funds received from AHEC for Community Health Care Providers and Educational Forums

BABY YOUR BABY Community Forums begin - Held in Dillon, Helena, and Butte

Filming of BABY YOUR BABY news segments and first documentary continues

DEC.

BABY YOUR BABY Community Forums held in Missoula, Hamilton, Kalispell, Libby, Plains, Billings, Miles City, Bozeman, and Great Falls

Editing of news segment and documentaries

1990 Continued

DEC. Continued

1-800-421-MOMS number secured for
BABY YOUR BABY

1991

JAN. Grant received from Montana Power
Company/ENTECH Foundation

Kiwanis of Helena donation received
BABY YOUR BABY Community
Forums held on the Flathead Indian
Reservation

FEB. BABY YOUR BABY script develop-
ment begins for Flight II
St. Peter's Hospital of Helena donation
received

Women Infant Children (WIC) funds
received

BABY YOUR BABY Community
Forums held in Glasgow

News segments and documentary
mailed to television stations

Planning for BABY YOUR BABY
"kick-off"

MAR. Doctor's Company donation received
Governor officially "kicks-off" BABY
YOUR BABY
First news segment airs on KTGF-Great
Falls

BABY YOUR BABY Community
Forums held in Sidney, Northern
Cheyenne Reservation-Lame Deer, and
Crow Tribal Health Department

**FIRST BABY YOUR BABY CALL
RECEIVED**

BABY YOUR BABY scripts submitted
to Technical Advisory Committee for
review and comments

APR. BABY YOUR BABY Community
Forums held in Lewistown and Fort
Belknap Reservation

Filming begins on second documentary
and news segments

MAY Proposal submitted to Children's Trust
Fund

JUNE SRS distributes 27,000 "check stuffers"
in Medicaid and Aid to Families with
Dependent Children (AFDC) payments

Blue Cross and Blue Shield of Montana
prints 2,500 posters for community
distribution

Children's Trust Fund awards funds to
BABY YOUR BABY

JULY Data Analysis

Approval of Radio Segments

AUG. Financial Audit - Galusha, Higgins and
Galusha

BABY YOUR BABY script develop-
ment begins for Flight III

SEP. BABY YOUR BABY filming of Flight
III begins

OCT. Newspaper Association preliminary
commitment

SRS Distributes 27,000 "check stuffers"
BABY YOUR BABY Newsletter
Bill Boards

Media/Community Retreat

NOV. Advisory Committee Meeting-approval
of Radioproduction/scripts

DEC. BABY YOUR BABY Community/
Media Meetings held in Billings,
Great Falls, Helena, Missoula

1992

- JAN. Office on Aging-Outreach to
Pregnant Women
Television and radio PSA's produced
- FEB. Flight 3 Distributed
- MAY BABY YOUR BABY Pregnancy to II
Planning Meeting
BABY YOUR BABY Pregnancy to
Age II approved by Executiv Committee
- JUNE Spending Authority Authorized by
Legislature
Children's Trust Fund Grant received
March Dimes grant received
Montana Power Company/ENTECH
Foundation grantreceived
Kiwanis of Helena donation received
BABY YOUR BABY script develop-
ment begins for Flight IV
Flight IV production begins
Radio script developed
Development of Newspaper Supple-
ment
Radio news segments production and
distribution
Final plans for Newspaper Supplement
approved by Newspaper Association
Immunization PSA developed

NOTE: This is not a complete list of donations
and supporters-- refer to Appendix for a complete
list.



List Of Donors And Supporters

Baby Your Baby Donor and Supporting Organizations

Funding Organizations

Major Sponsors:

Blue Cross and Blue Shield of Montana
Healthy Mothers, Healthy Babies-The Montana Coalition
State Of Montana
Governor's Office
Montana Department of Health and Environmental Sciences
Department of Social and Rehabilitation Services
Department of Family Services
Department of Revenue

Local Sponsors

Bozeman Deconess Hospital
Community Medical Center, Missoula
Glendive Medical Center
Great Falls Deconess Hospital
Saint Peter's Hospital, Helena
Saint Vincent's Hospital, Billings
Shodair Children's Hospital, Helena

Other Sponsors:

Kiwanis of Helena
March of Dimes, Montana Big Sky Chapter
Medical Genetics Program at Shodair Children's Hospital
Montana Children's Trust Fund
Montana Health Education Center (AHEC)
MPCO/ENTECH Foundation, Inc.
The Doctors' Company

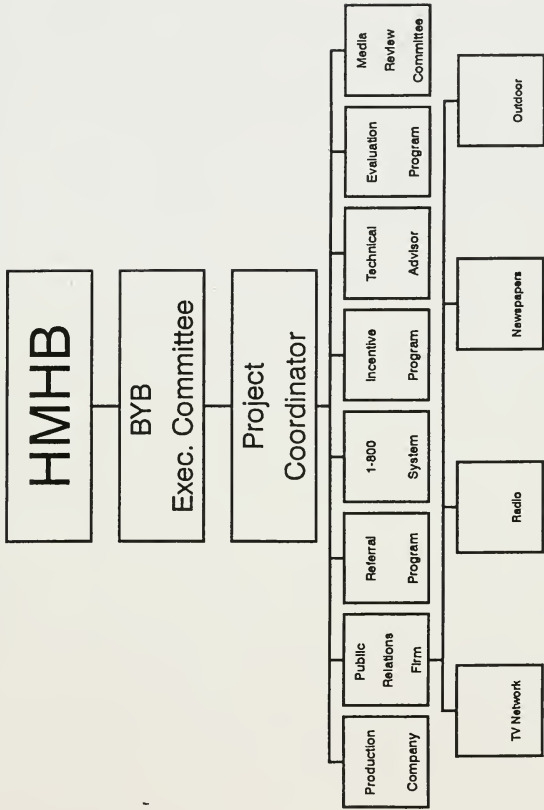
Supporting Organizations

Local Health Departments
Local Coalitions, Healthy Mothers, Healthy Babies
Medical Auxiliary of the Montana Medical Association
Montana Academy of Family Physicians
Montana Academy of Pediatrics
Montana Hospital Association
Montana Medical Association
Montana Newspaper Association
Montana Nurses' Association
Montana Section-ACOG
Montana Section-NAACOG



Organizational Chart

Baby Your Baby Project





List Of Television News Segments

FIRST TWENTY SIX NEWS SEGMENTS

SEGMENT	NAME	TIME
1	Introduction	1:37
2	Infant Mortality In Montana	1:20
3	Low Birthweight Babies	1:53
4	Cost of Low Birthweight Babies	1:34
5	At Risk Interview	1:32
6	Teens - General	1:34
7	Teen Fathers	1:50
8	Teen Mothers	1:30
9	Teen Parents	1:24
10	Native Americans Segment 1	1:37
11	Native Americans Segment 2	1:44
12	Drugs and Alcohol	1:34
13	Issues In Rural Health Care	1:38
14	Importance of Early Care	1:35
15	MIAMI Project	1:30
16	Accessing Care In Montana	1:45
17	The Nurse Mid-Wife	1:33
18	Importance of Early Care #2	1:35
19	Early Care - Physician	1:35
20	Early Care - Mother	1:24
21	High Risk Patient	1:38
22	Case Management	1:34
23	Community Point of View	1:42
24	Medicaid Coverage	1:34
25	Infant Mortality in Montana	1:38
26	Infant Mortality Segment 2	1:51

SECOND TWENTY SIX NEWS SEGMENTS

SEGMENT	NAME	TIME
27	Overview of policy issues affecting access to prenatal care	1:43
28	National policy issues affecting access to prenatal care	1:59
29	Policy issues in Montana affecting access to prenatal care	1:45
30	Malpractice insurance issue as it affects prenatal care	1:48
31	How Montana is addressing prenatal care issues	1:44
32	Prenatal care issues from a providers point of view	1:37
33	Prenatal care issues from a hospital's point of view	1:58
34	Prenatal care issues from a social workers point of view	1:35
35	Prenatal care issues from a legislator's point of view	1:43
36	Prenatal care issues from the Executive Branch view	1:46
37	Access to prenatal care as an issue	1:49
38	Access to prenatal care from a physicians point of view	1:35
39	Access to prenatal care from a communities point of view	1:38
40	Access to prenatal care from a patients point of view	1:38
41	Access to prenatal care from a legislators point of view	1:40
42	Access to prenatal care from a case managers view	1:47
43	The MIAMI project as an answer to prenatal care	1:30
44	The MIAMI project in action	1:36
45	The MIAMI project in a urban community	1:21
46	The MIAMI project in a rural community	1:45
47	Other issues facing pregnant women	1:21
48	Other issues - male involvement in the pregnancy	1:51
49	Issues being addressed by health insurance providers	1:31
50	role of state and federal programs in addressing issues	1:44
51	Role of health care community in addressing issues	1:41
52	Where is Montana heading in dealing with care issues	1:50

THIRD TWENTY SIX NEWS SEGMENTS

SEGMENT	NAME	TIME
53	Risk Factors, An Overview	1:36
54	At Risk populations	1:35
55	Behavioral and Environmental Risks	1:33
56	Smoking As A Risk	1:35
57	Secondary Smoke As A Risk	1:23
58	Alcohol As A Risk	1:36
59	Street Drugs As A Risk	1:41
60	Legal Drugs As A Risk	1:30
61	Geographic Risks As A Group - Overview	1:33
62	Low Socio-economic, Disenfranchised Women As A Risk	1:44
63	Age As A Risk - Under 17	1:41
64	Age As A Risk - Over 35	1:31
65	Race As A Risk - Native American	1:25
66	Medical Risks Predating Pregnancy, Overview	1:32
67	Chronic Diseases As A Risk	1:36
68	Known Genetic Diseases As A Risk	1:31
69	Weight As A Risk	1:37
70	Prior Pregnancy History As A Risk	1:30
71	Medical Risks During Pregnancy	1:20
72	Twins Or Multiple Births	1:35
73	Pre-term Labor As A Risk	1:45
74	Screening For Abnormalities	1:29
75	Other Pregnancy Problems	1:33
76	Health Care Risks - Overview	1:31
77	Lack Of Prenatal Care As A Risk	1:48
78	Inadequate Prenatal Care As A Risk	1:25

FOURTH TWENTY SIX NEWS SEGMENTS

Segment	Name	Time
79	Having a healthy pregnancy	1:15
80	Pre-pregnancy planning	1:32
81	Discovering you're pregnant	1:33
82	Planning for your prenatal care	1:46
83	First visit to your health care provider	1:46
84	What to expect during pregnancy	1:51
85	Substances to avoid	1:40
86	Normal tests during pregnancy	1:36
87	Dental care during pregnancy	1:32
88	Good nutrition during pregnancy	1:35
89	WIC as a resource	1:36
90	Exercise During Pregnancy	1:38
91	Planning your delivery options	1:45
92	Preparing your family	1:29
93	Preparing other children	1:48
94	Child birth preparation education classes	1:31
95	Parenting classes and adoption	1:44
96	The final days before delivery	1:47
97	Birthing Rooms - A new old way	1:41
98	Delivery - A family experience	1:30
99	A healthy baby - An overview	1:41
100	Taking baby home	1:28
101	What to expect after delivery	1:29
102	Breast feeding	1:52
103	Immunization	1:45
104	BABY YOUR BABY MOMS - to be shipped	



List Of Television Documentaries

Documentary Number 1

Coming To Terms

An Overview of issues facing pregnant women in Montana

Documentary Number 2

Issues Affecting Prenatal Care

Social, political and access issues facing pregnant women in Montana

Documentary Number 3

Women At Risk

Risk factors affecting pregnancy

Documentary Number 4

More Than A Miracle

Having a healthy pregnancy



List Of Radio Segments

RADIO SEGMENT LIST

- ☆ Introduction
- ☆ Infant Mortality In Montana
- ☆ Low Birth Weight Babies
- ☆ Cost Of Low Birth Weight Babies
- ☆ Public Issues National Policy Issues Montana
- ☆ Policy Issues
- ☆ Medical Liability Insurance
- ☆ What Montana Is Doing To Address Prenatal Care Issues
- ☆ Prenatal Care From Providers Point Of View
- ☆ Prenatal Care From Hospital Administrators Point Of View
- ☆ Prenatal Care From Social Workers Point Of View
- ☆ Prenatal Care From A Legislators Point Of View
- ☆ Prenatal Care From The Executive Branch Point Of View
- ☆ Access To Care An Issue Facing Montana
- ☆ Access To Care - Physicians Point Of View
- ☆ Access To Care Issue - Community Point Of View
- ☆ Access To Care Issue - Patient's Point Of View
- ☆ Access To Care Issue - Legislator's Point Of View
- ☆ Access To Care Issue - Case Manager's Point Of View
- ☆ MIAMI Project As An Answer
- ☆ Miami Project In Action
- ☆ MIAMI Project In Action - Urban Setting
- ☆ MIAMI Project In Action - Rural
- ☆ Other Issues Facing Women
- ☆ Other Issues - Male Involvement
- ☆ Role of Health Insurance Providers
- ☆ Role of State And Federal Programs
- ☆ Role Of The Health Care Community
- ☆ Where Is Montana Heading
- ☆ At Risk Interview
- ☆ At Risk - Teens General
- ☆ At Risk - Teen Fathers
- ☆ At Risk - Teen Mother
- ☆ At Risk - Teen Parents
- ☆ At Risk - Native American 1
- ☆ At Risk - Native American 2
- ☆ Drugs and Alcohol As A Risk
- ☆ Rural Health Care
- ☆ Importance of Early Care
- ☆ MIAMI PROJECT
- ☆ Accessing Care In Montana
- ☆ The Nurse Mid-Wife
- ☆ Importance of Early Prenatal Care
- ☆ Early Care - Physician's Point Of View
- ☆ Early Care - Mothers Point of View
- ☆ High Risk Patient
- ☆ Case Management
- ☆ Community Point of View
- ☆ Medicaid Coverage
- ☆ Infant Mortality In Montana
- ☆ Infant Mortality II



Community Contact List

BABY YOUR BABY CONTACTS AND HOSPITAL EMERGENCY NUMBERS

<u>COUNTY</u>	<u>CONTACT</u>	<u>ADDRESS</u>	<u>PHONE</u>
Beaverhead	Sue Hanson, RN	Beaverhead Co. H. D. P. O. Box 870 1260 S. Atlantic Dillon, MT 59725	683-4771
	Barret Memorial Hospital E. R.		683-2324
Big Horn	Patti Pattison, PHN	809 Custer Ave. Hardin, MT 59034	665-1005
	Big Horn Memorial Hospital E. R.		665-2310
Blaine	Mary Peyette, RN	Blaine Co. H.D. P. O. Box 1017 Chinook, MT 59523	357-2345
Broadwater	Pat Nelson, RN	Broadwater Co. H.D. 136 N. Cedar P. O. Box 48 Townsend, MT 59644	266-5209
Butte-Silverbow	Valerie Pengelly	Family Services Cntr. 25 West Front St. Butte, MT 59701	723-6507
	St. James Community Hospital E.R.		
Carbon	Donna Bratsky	Carbon Co. Health Assn P. O. Box 197 Joliet, MT 59041	662-3455
Carter	Lila Sullivan, RN	Powder River Co. H.D. Broadus, MT 59317	436-2297 or
	Alice Kay	Schweigert Fallon Co. H.D. Baker, MT 59313	778-2882

COUNTY	CONTACT	ADDRESS	PHONE
Cascade	Laurie Glover/ Bonee Erickson	City-Co. H.D. Better Beginnings 1130 17th Avenue So. Great Falls, MT 59405	761-1190
	Columbus Hospital E. R. Deaconess Hospital E. R.		727-3330 761-1200
Choteau	Bonnie Lewis,RN	Choteau Co. H. D. 1020 13th St. P. O. Box 459 Fort Benton, MT 59422	622-3771
Custer	Karen Elliott,RN/ DeAnn Witcher	Custer Co. H.D. Custer Co. Courthouse Miles City, MT 59301	232-7800
	Holy Rosary Hospital E. R.		232-2540
Daniels	Mary Nyhus, RN	Daniels Memorial Hosp. P. O. Box 400 Scobey, MT 59263	487-2296
Dawson	Camile Spitzer, RN	Dawson Co. H. D. 207 W. Bell Glendive, MT 59330	365-5215
Deer Lodge	Linda Best, RN	Anaconda-Deer Lodge County H.D. 115 W. Commercial P. O. Box 970 Anaconda, MT 59711	563-7863
Fallon	Alice Kay Schweigert	Fallon Co. H. D. 10 W. Fallon P. O. Box 478 Baker, MT 59313	778-2883
Fergus	Darla Jones,RN	Central Montana Medical Center P.O. Box 580 Lewistown, MT 59457	538-
Flathead	Boni Stout,RN	Flathead City/Co. H.D. 723 5th Ave. E. Kalispell, MT 59901	756-5633
	Kalispell Regional Hospital E.R.		752-5111

COUNTY	CONTACT	ADDRESS	PHONE
Gallatin (SEE MADISON CO. ALSO)	Terry Gallik,RN	Gallatin Co. H.D. Courthouse, Room 103 Bozeman, MT 59715	585-1445
Garfield	Jana Olson, RN	Garfield County Health Center P. O. Box 389 Jordon, MT 59337	557-2500
Golden Valley	(No contact)	Elizabeth Seton Clinic Billings, MT WIC Program-Billings	657-7600 256-6806
Glacier	Jeri England,PHN Ann Shores	Blackfoot Community Hospital Browning, MT 59417 Glacier Co. H. D. 706 2nd St. S.E. Cut Bank, MT 59427	338-6191 873-2924
Granite	Harriet Mentzer	Granite County H. D. P. O. Box 144 Drummond, MT 59832	288-3627
Hill	Connie LaSalle,RN	Hill Co. H. D. Hill Co. Courthouse 300 4th Avenue Havre, MT 59501	265-5481
Jefferson	Karen Kunz, RN	Jefferson Co. H. D. P. O. Box 41 Boulder, MT 59632	225-4231
Judith Basin	Rosemary Youderian	Judith Basin Interlocal Cooperative Stanford School P. O. Box 506 Stanford, MT 59479	566-2265
Lake	Linda Davis,RN	Lake Co. H. D. 803 Main, Suite A Polson, MT 59860	883-6211
Lewis & Clark	Mike Henderson PHN	L&C City-Co. H. D. 1930 9th Avenue Helena, MT 59624	443-2584

<u>COUNTY</u>	<u>CONTACT</u>	<u>ADDRESS</u>	<u>PHONE</u>
Liberty	Diane Brown/ Judy Campeau	Liberty Co. H. D. Chester, MT 59522	759-5181
Lincoln	Karol Spas-Otte	Lincoln Co. H. D. 418 Mineral Ave. Libby, MT 59923	293-7781
Madison	Terry Gallik,RN	Gallatin Co.H.D. Courthouse Rm. 103 Bozeman, MT 59715	585-1445
McCone	Patti Whittkopp/ Sue Good-Brown,RN	McCone Co. H. D. P. O. Box 47 Circle, MT 59215	485-3425
Meagher	Mary Ellen Schnur	Meagher Co. Health Service Box 514 White Sulphur Sprgs.MT 59645	547-3752
Mineral	Susan Hazlett,RN Trish Donovan,RN Robert Konkright,LPN	Mineral Co. H. D. P. O. Box 488 Superior, MT 59872	822-3321
Missoula	Mary Costello,RN	Missoula City-Co.H.D. 301 W. Alder Missoula, MT 59802	523-4750
Musselshell	Leslie Boor, RN	P. O. Box 97 Roundup, MT 59072	323-2121 (H) 323-3400 (Msg.)
Park	Susanne Brown,RN	Park Co. H. D. 414 E. Callender Livingston, MT 59047	222-6120
Phillips	Mary Lou Broadbrooks, RN	Phillips Co. H. D. P. O. Box 309 Malta, MT 59538	654-2521
Pondera	Sue Moss, RN	Pondera Co. H. D. 809 Sunset Blvd. Conrad, MT 59425	278-3247

<u>COUNTY</u>	<u>CONTACT</u>	<u>ADDRESS</u>	<u>PHONE</u>
Powder River	Randy Sullivan,RN	Powder River Co. H.D. P. O. Box 325 Broadus, MT 59317	436-2297
Powell County	Julie Hanson	Powell County H. D. 110 Pennsylvania Deer Lodge, MT 59722	846-1330
Prairie	Karen Hinnaland,RN	Prairie Co. Health Off. 112 Garfield P. O. Box 182 Terry, MT 59349	637-5364
Ravalli	Alla Brooks, RN	Access Links of Ravalli County Marcus Daly MemorialHospital Hamilton, MT 59840	363-2211
Richland	Mary Alice Rehbein	Richland County H.D. 221 5th St. S. W. Sidney, MT 59270	482-2207
Rosebud	Penny Klopchich,RN	Rosebud Co. Health Care Center P. O. box 388 Forsyth, MT 59327	356-2156
Roosevelt	Julie Rossignol,RN	Roosevelt Co. H. D. 400 2nd Ave. S. Courthouse Wolf Point, MT 59327	653-1590
Sanders	Barb Saint, RN	Sanders Co. H. D. P. O. Box 519 Courthouse Thompson Falls, MT 59873	827-4395
Sheridan	Adeline Ueland,RN	Sheridan Co. H. D. 100 N. Laurel Ave. Plentywood, MT 59345	765-2310 X-352
Stillwater	Bonnie Chepulis,RN	Home Health Agency 44 W. 4th Ave. N. Columbus, MT 59019	322-4296

<u>COUNTY</u>	<u>CONTACT</u>	<u>ADDRESS</u>	<u>PHONE</u>
Sweetgrass	Sarah Walton,RN	Sweet Grass Community Health P. O. Box 509 Big Timber, MT 59011	932-5449
Teton	Lora Weir, RN	Teton Co. H. D. P. O. Box 335 Choteau, MT 59422	466-2562
Toole	Elaine Fordyce,RN	Toole Co. H.D. Toole Co. Courthouse Shelby MT 59474	434-5395 or 434-5595
Treasurer	Nita Tieszen RN	Treasure Co. P O Box 201 Hysham MT 59038	342-5853
Valley	Vickie Bell, RN	Valley Co. H. D. Courthouse Annex Glasgow, MT 59030	228-8221
Wheatland	Karen Seyferth,RN	Tri-Mountain Community P O Box 287 Harlowton, MT 59036	632-4351
Wibaux	Marian Chrudimsky	Wibaux Co. H. D. P O Box 117 Wibaux, MT 59353	795-2434
Yellowstone	June Luptak, RD	Yellowstone City-Co. Health Dept. P O Box 35033 Billings, MT 59107	256-6821

Summary Of Survey Results

BABY YOUR BABY PROGRAM

SUMMARY OF SURVEY RESULTS - QUESTIONNAIRE #1

(March 12, 1991 - June 30, 1992)

NOTES: A total of 832 individuals had telephoned the 1-800 BABY YOUR BABY referral through June 30, 1992. Seven of the individuals were calling for someone else; therefore, the survey ended after Question 2. Percents presented in this summary may not total to 100 percent due to rounding.

Q-1 Where did you hear about the Baby Your Baby Program? (Note: Do not read answer categories.)

	<u>Number</u>	<u>Percent</u>
1) Radio	1	0.1%*
2) Newspaper	1	0.1%*
3) Posters	11	1.3%
4) Television		
a) News item	89	10.7%
b) 1/2 hour show, or	49	5.9%
c) Public service announcement	93	11.2%
d) Don't Know	3	0.4%
5) Brochure	57	6.9%
6) Billboard	13	1.6%
7) Friend/Relative	92	11.1%
8) Health Care Provider	119	14.3%
9) Local WIC Program	67	8.1%
10) Local Medicaid Office	17	2.0%
11) Welfare Office	20	2.4%
12) Local Health Department	30	3.6%
13) AFDC/Medicaid Check Stuffers	109	13.1%
14) Other: SEE ATTACHED BREAKDOWN	61	7.3%

n = 832

Q-2 Are you calling for yourself or someone else?

	<u>Number</u>	<u>Percent</u>
1) Self	825	99.2%
2) Someone Else	7	0.8%

n = 832

Q-3 What month is your baby due?

Data only used for sending follow-up questionnaire.

*Not started at the time survey results for this report were compiled.

Q-1 Responses to "Other"

	<u>Number</u>	<u>Percent</u>
MIAMI Project (Access Links, Better Beginnings)	12	19.7%
Ask A Nurse	7	11.5%
Birthright	4	6.6%
BYB contact - Deering Clinic	1	1.6%
Care Group Leader/Caring & Sharing Group	6	9.8%
Child Care Food Program	1	1.6%
Child Development Class - school	1	1.6%
Co-worker	1	1.6%
HMHB	1	1.6%
Helena Housing	1	1.6%
High school support group	1	1.6%
Literature at work	1	1.6%
Parent Share	1	1.6%
Picked up flyer at MCA Day	1	1.6%
Planned Parenthood/Family Planning	4	6.6%
Prog. Dir.	1	1.6%
Teacher in high school	1	1.6%
Tribal Health Department/Nurse/IHS Hospital	7	11.5%
Lamaze class	3	4.9%
Nurturing center	1	1.6%
Poster in grocery store	1	1.6%
Prenatal Class at school	1	1.6%
Young Mothers Program	2	3.3%
Mothers Share	1	1.6%

n = 61

Q-4 Have you had a pregnancy checkup?

	<u>Number</u>	<u>Percent</u>
1) Yes (Skip to Q-6)	622	75.4%
2) No	203	24.6%
n = 825		

Q-5 Are you planning to have a pregnancy checkup?

	<u>Number</u>	<u>Percent</u>
1) Yes	192	94.6%

During what month of your pregnancy?

	<u>Number</u>	<u>Percent</u>
1st Month	18	9.4%
2nd Month	64	33.3%
3rd Month	44	22.9%
4th Month	23	12.0%
5th Month	6	3.1%
6th Month	11	5.7%
7th Month	3	1.6%
8th Month	2	1.0%
Don't Know	21	10.9%

n = 192

2) No	11	5.4%
n = 203		

Why not?

	<u>Number</u>	<u>Percent</u>
<u>Financial Issues:</u> Can't afford to, no insurance; cannot afford a doctor; no credit, doctor will not accept me; needs required "up front" money; depends on finances.	8	72.7%

<u>Miscellaneous:</u> Wants to find midwife, no doctors; baby now 4 months old, had post pregnancy checkup.	3	27.3%
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n = 11

*** SKIP TO Q-7 ***

Q-6 During what month of your pregnancy did you make your first pregnancy visit?

	<u>Number</u>	<u>Percent</u>
1) First	130	20.9%
2) Second	258	41.5%
3) Third	156	25.1%
4) Fourth	45	7.2%
5) Fifth	24	3.9%
6) Sixth	7	1.1%
7) Seventh	1	0.2%
8) Eighth	1	0.2%

n = 622

Q-7 Do you need help with: (Circle ALL that apply)

	<u>Number</u>	<u>Percent</u>
1) Finding a doctor to provide you with pregnancy care	131	13.1%
2) Paying for pregnancy visits to the doctor and delivery of the baby	235	23.5%
3) Transportation for pregnancy visits	46	4.6%
4) Child care during pregnancy visits	46	4.6%
5) Selecting healthy foods during your pregnancy	192	19.2%
6) Paying for healthy foods	178	17.8%
7) Drug or alcohol problems	10	1.0%
8) To stop smoking	114	11.4%
9) Do you need any other assistance?	49	4.9%

n = 1,001*

SEE ATTACHED BREAKDOWN

10) No assistance needed (Skip to Q-10)	392
(Note: 47.5% of 825 women did not need assistance)	

***NOTE:** Respondents may have provided more than one answer to this question, resulting in 1,001 total responses rather than 433 (i.e., the number of respondents needing assistance with their pregnancy). The percents presented are based on the total of 1,001, rather than on the 433 women needing assistance.

Q-8 In order for us to get you some help, may we have the referral agency contact you by telephone?

	<u>Number</u>	<u>Percent</u>
1) Yes	320	73.9%
2) No	50	11.5%
3) I do not have a telephone	63	14.5%

n = 433

Is there a telephone number where they could call and leave a message for you?

	<u>Number</u>	<u>Percent</u>
a) Yes	50	79.4%
b) No	13	20.6%

n = 63

Q-7 Responses to "Other"

	<u>Number</u>	<u>Percent</u>
Help with baby day care	2	4.1%
Baby crib/maternity clothes/baby car seat/ baby clothes/baby food	13	26.5%
Housing	13	26.5%
Referral to a midwife	1	2.0%
Support group & info on multiple Births	2	4.1%
Receiving assistance, but might lose Medicaid	1	2.0%
Stress reduction	1	2.0%
Lamaze class	3	6.1%
Counseling	4	8.2%
Information on child care, immunizations, and Medicaid	1	2.0%
Baby screams all night & was tested for spinal meningitis	1	2.0%
Husband needs job	1	2.0%
Prenatal care	1	2.0%
Need help with alcohol dependency after delivery	1	2.0%
Rent & part-time child care after delivery	1	2.0%
Info on adoption services	1	2.0%
Finding another doctor - dissatisfied with her present doctor	1	2.0%
Living at home until April - will need help after April	1	2.0%

n = 49

Q-9 In what county do you live?

<u>County</u>	<u>Number</u>	<u>Percent</u>
Beaverhead	3	0.4%
Big Horn	9	1.1%
Blaine	13	1.6%
Broadwater	5	0.6%
Carbon	2	0.2%
Cascade	122	14.8%
Chouteau	1	0.1%
Custer	11	1.3%
Daniels	1	0.1%
Dawson	12	1.5%
Deer Lodge	7	0.8%
Fergus	6	0.7%
Flathead	79	9.6%
Gallatin	70	8.5%
Glacier	11	1.3%
Golden Valley	3	0.4%
Granite	3	0.4%
Hill	10	1.2%
Jefferson	1	0.1%
Judith Basin	1	0.1%
Lake	47	5.7%
Lewis & Clark	41	5.0%
Liberty	1	0.1%
Lincoln	12	1.5%
Madison	5	0.6%
Meagher	3	0.4%
Missoula	44	5.3%
Musselshell	1	0.1%
Park	20	2.4%
Phillips	1	0.1%
Pondera	7	0.8%
Powell	4	0.5%
Prairie	2	0.2%
Ravalli	24	2.9%
Richland	6	0.7%
Roosevelt	4	0.5%
Rosebud	11	1.3%
Sanders	11	1.3%
Silver Bow	18	2.2%
Stillwater	4	0.5%
Sweet Grass	1	0.1%
Teton	4	0.5%
Toole	10	1.2%
Treasure	1	0.1%
Valley	3	0.4%
Wibaux	2	0.2%
Yellowstone	168	20.4%

n = 825

Q-10 What is your current age?

<u>Age</u>	<u>Number</u>	<u>Percent</u>
15 Years	11	1.3%
16 Years	21	2.5%
17 Years	42	5.1%
18 Years	59	7.2%
19 Years	71	8.6%
20 Years	77	9.3%
21 Years	58	7.0%
22 Years	67	8.1%
23 Years	41	5.0%
24 Years	49	5.9%
25 Years	42	5.1%
26 Years	37	4.5%
27 Years	36	4.4%
28 Years	37	4.5%
29 Years	29	3.5%
30 Years	26	3.2%
31 Years	28	3.4%
32 Years	17	2.1%
33 Years	14	1.7%
34 Years	13	1.6%
35 Years	15	1.8%
36 Years	8	1.0%
37 Years	12	1.5%
38 Years	8	1.0%
39 Years	2	0.2%
40 Years	3	0.4%
41 Years	1	0.1%
42 Years	1	0.1%

n = 825

Q-11 So that I can send you the 15-month baby calendar, could you please tell me your first and last name?

First Name

Last Name

CONFIDENTIAL INFORMATION

Q-12 And what is your mailing address?

Mailing Address: _____

City, State, Zip: _____

CONFIDENTIAL INFORMATION

BABY YOUR BABY PROGRAM

SUMMARY OF SURVEY RESULTS - QUESTIONNAIRE #2

(June 12, 1991 - June 30, 1992)

NOTES: A total of 323 individuals returned the BABY YOUR BABY follow-up mail survey through June 30, 1992. Percents presented in this summary may not total to 100 percent due to rounding.

Q-1 Where was your baby delivered?

	<u>Number</u>	<u>Percent</u>
1) Hospital	312	96.6%
2) Ambulance/Other Emergency Vehicle	1	0.3%
3) Home	8	2.5%
4) Other (Car, Clinic)	2	0.6%
n = 323		

Q-2 How many miles did you travel to reach the place where your baby was delivered?

	<u>Number</u>	<u>Percent</u>
1) Less than 5 Miles	169	52.3%
2) 5 to 15 Miles	68	21.1%
3) 15 to 25 Miles	28	8.7%
4) 25 to 50 Miles	24	7.4%
5) 50 to 100 Miles	25	7.7%
6) 100 or More Miles	6	1.9%
7) Don't Know	1	0.3%
8) No Response	2	0.6%
n = 323		

Q-3 Who delivered your baby?

	<u>Number</u>	<u>Percent</u>
1) Private Physician	80	24.8%
2) Private OB/GYN Physician	195	60.4%
3) Indian Health Service Physician	4	1.2%
4) Family Nurse Practitioner/Nurse Midwife	26	8.0%
5) Lay Midwife	9	2.8%
6) Other (Mother/Grandmother; Different OB; Nurse; Nurse Midwife; OB GYN/Family Practice assisted; OB GYN and Nurse Midwife)	7	2.2%
7) No Response	2	0.6%
n = 323		

Q-4 Was your baby premature ("preemie")?

	<u>Number</u>	<u>Percent</u>
1) Yes	29	9.0%
2) No	286	88.5%
3) Don't Know	5	1.5%
4) No Response	3	0.9%
n = 323		

Q-5 In what month of your pregnancy do you or your doctor think your baby was born?

	<u>Number</u>	<u>Percent</u>
1) Fourth	3	0.9%
2) Fifth	0	0.0%
3) Sixth	0	0.0%
4) Seventh	7	2.2%
5) Eighth	20	6.2%
6) Ninth	225	69.7%
7) Tenth	61	18.9%
8) Don't Know	5	1.5%
9) No Response	2	0.6%

n = 323

Q-6 How many babies did you deliver?

	<u>Number</u>	<u>Percent</u>
1) One	318	98.5%
2) Two (Twins)	3	0.9%
3) More than Two	2	0.6%

n = 323

Q-7 How much did your baby weigh at the time of birth? (Note: If you delivered more than one baby, please show the weights of all your babies.)

<u>1st Baby</u>	<u>Number</u>	<u>Percent</u>
5 lbs. 8 oz. or less	16	5.0%
5 lbs. 9 oz. or more	307	95.0%

n = 323

<u>2nd Baby</u>		
5 lbs. 8 oz. or less	2	40.0%
5 lbs. 9 oz. or more	3	60.0%

n = 5

<u>3rd Baby</u>		
5 lbs. 8 oz. or less	1	50.0%
5 lbs. 9 oz. or more	1	50.0%

n = 2

Q-8 Did your baby have any complications?

	<u>Number</u>	<u>Percent</u>
1) No	257	79.6%
2) Yes — SEE ATTACHED BREAKDOWN	64	19.8%
3) Don't know	2	0.6%

n = 323

Q-9 Are you breast feeding your baby?

	<u>Number</u>	<u>Percent</u>
1) Yes	191	59.1%
2) No	132	40.9%

n = 323

Q-8 Responses to description of complications

	Freq	Percent	Cum.
4TH DEGREE TEAR	1	1.6%	1.6%
AIR BUBBLE ON LUNG	1	1.6%	3.1%
AIR POCKET NEXT TO LUNGS BUT DISAPPEARED	1	1.6%	4.7%
APGAR 8 & 9	1	1.6%	6.3%
BABY TURNED WRONG SO HAD C SECTION	1	1.6%	7.8%
BABY WAS DISTRESSED	1	1.6%	9.4%
BABY WASN'T BREATHING RIGHT. WAS IN HOSPITAL 1 WEEK	1	1.6%	10.9%
BLUE, AND TROUBLE KEEPING WARM	1	1.6%	12.5%
BORN FACE UP. AFTER BIRTH HE HAD A NEMOTHORAX	1	1.6%	14.1%
BREATHING - NEEDED OXYGEN	1	1.6%	15.6%
BREATHING. WAS ON OXYGEN	1	1.6%	17.2%
C SECTION DELIVERY-BABY HAD RESPIRATORY PROBLEMS AT FIRST	1	1.6%	18.8%
C-SECTION	1	1.6%	20.3%
CEASERAN.UMBILICAL CORD AROUND NECK 3 X- LABOR COMPLICATIONS	1	1.6%	21.9%
CORD AROUND NECK	1	1.6%	23.4%
CORD AROUND NECK-2 MECONIUM IN LUNGS-JAUNDICE AT 3 DAYS	1	1.6%	25.0%
DIDN'T ANSWER	1	1.6%	26.6%
DIDN'T HAVE GOOD SUCKING REFLEX.TROUBLE WITH BODY TEMP.	1	1.6%	28.1%
DRY BIRTH	1	1.6%	29.7%
FRACTURED CLAVICAL IN DELIVERY.HAD TO BE REVIVED AFTER BIRTH.	1	1.6%	31.3%
HAD BOWEL MOVEMENT IN BIRTH CANAL-ASPIRATED SOME	1	1.6%	32.8%
HAD BREATHING PROBLEMS.TAKEN TO ST. VINCENTS AFTER BIRTH	1	1.6%	34.4%
HAD TROUBLE DELIVERING	1	1.6%	35.9%
HAS AN ENLARGED KIDNEY-CORD WAS WRAPPED AROUND NECK	1	1.6%	37.5%
HEART - JAUNDICE	1	1.6%	39.1%
HEART - NEEDS OPERATION	1	1.6%	40.6%
HEART BEAT WENT DOWN AND HE WAS DELIVERED WITH FORCEPS.	1	1.6%	42.2%
HEART SLOWED DOWN - NOT FAST ENOUGH CONTRACTIONS	1	1.6%	43.8%
HOSPITALIZED FOR JAUNDICE	1	1.6%	45.3%
I WAS WHAT THEY CALLED A COMPLETE PREIRA	1	1.6%	46.9%
IN WRONG POSITION	1	1.6%	48.4%
INHALED AMNIOTIC FLUID-HAD TO BE CLEARED AND PUT ON OXYGEN	1	1.6%	50.0%
JAUNDICE	2	3.1%	53.1%
JAUNDICE-INFECTION IN FLOOD-CORD WAS TOO SHORT	1	1.6%	54.7%
LABOR INDUCED BECAUSE BABY HAD NO WATER FOR 10 DAYS	1	1.6%	56.3%
LARGE HEAD. NEEDED HELP DURING DELIVERY. NO BAD EFFECTS.	1	1.6%	57.8%
LOW BIRTH WEIGHT DUE TO TOXEMIA -SEVERE EDEMPسيا	1	1.6%	59.4%
LOW SUGAR - JAUNDICE	1	1.6%	60.9%
LUNG PROBLEMS - 3.5 WEEKS EARLY	1	1.6%	62.5%
MECONIUM IN AMINOTIC FLUID	1	1.6%	64.1%
MECONIUM IN WATER. RESUCITATION NECESSARY.11 DAYS PAST DUE	1	1.6%	65.6%
MECONIUM STAINED FLUID NOSE AND EYES TREATED WITH ANTIBIOTICS	1	1.6%	67.2%
MUCUS PLUG WAS OUT OF NOSTRIL. C-SECTION.OXYGEN FOR 6 DAYS	1	1.6%	68.8%
NEEDED O2 X 3 DAYS. LOW BLOOD SUGAR 1 WEEK	1	1.6%	70.3%
OXYGEN-FEEDING TUBE AND HOSPITALIZED 1 MONTH	1	1.6%	71.9%
PLACENTA WAS OLD SO BABY NOT GETTING ENOUGH OXYGEN	2	3.1%	75.0%
POSTERIOR DELIVERY -CORD AROUND NECK	1	1.6%	76.6%

Q-8 Responses to description of complications

PREMATURE - HOSPITALIZED FOR 4 WEEKS		1	1.6%	78.1%
PREMATURE LABOR - RUPTURED MEMBRANES AT 6 MO.		1	1.6%	79.7%
PREMATURE LUNGS		1	1.6%	81.3%
RDS-STREP INFECTION-PNEUMONIA		1	1.6%	82.8%
RESPIRATORY WHEN FIRST BORN-NOW FINE		1	1.6%	84.4%
SHE HAD A HARD TIME BREATHING AT FIRST		1	1.6%	85.9%
SHOULDER DISTORTION. REVIVED AFTER BIRTH.		1	1.6%	87.5%
SLIGHT MECONIAM STAIN		1	1.6%	89.1%
STRESS, MECONIUM		1	1.6%	90.6%
STRESSED DELIVERY		1	1.6%	92.2%
TOOK BREATH BEFORE SHE WAS OUT. WAS DISTRESSED.		1	1.6%	93.8%
TRANSVERSE PRESENTATION-FORCEPS-MOMENTARY HEART STOPPAGE		1	1.6%	95.3%
WAS IN STRESS		1	1.6%	96.9%
WAS POSTERIOR-HEART RATE BELOW 100-DIDN'T DILATE MORE THAN 5		1	1.6%	98.4%
YELLOW JAUNDICE		1	1.6%	100.0%

Total		64	100.0%	

Q-10 Was your pregnancy covered under:

	<u>Number</u>	<u>Percent</u>
1) Health Insurance Plan	88	27.2%*
2) Medicaid	206	63.8%*
3) Indian or Tribal Health Services	3	0.9%
4) No Health Coverage	23	7.1%
5) Don't Know	1	0.3%
6) No Response	2	0.6%

n = 323

*NOTE: Some women mentioned both Health Insurance Plan and Medicaid.
Response was coded according to what answer they provided first.

Q-11 During your pregnancy, did you have any pregnancy checkups?

	<u>Number</u>	<u>Percent</u>
1) Yes	323	100.0%
2) No - Skip to Q-15	0	0.0%

Q-12 During what month did you have your first pregnancy checkup?

	<u>Number</u>	<u>Percent</u>
1) First Month	77	23.8%
2) Second Month	120	37.2%
3) Third Month	83	25.7%
4) Fourth Month	23	7.1%
5) Fifth Month	7	2.2%
6) Sixth Month	7	2.2%
7) Seventh Month	3	0.9%
8) Eighth Month	0	0.0%
9) Ninth Month	1	0.3%
10) Don't Know	0	0.0%
11) No Response	2	0.6%

n = 323

Q-13 How many pregnancy checkups did you have during your pregnancy?

	<u>Number</u>	<u>Percent</u>
1) 1 to 4 Checkups	12	3.7%
2) 5 to 8 Checkups	33	10.2%
3) 9 to 11 Checkups	83	25.7%
4) 12 or More Checkups	182	56.3%
5) Don't Know	11	3.4%
6) No Response	2	0.6%

n = 323

Q-14 Did you start having pregnancy checkups and then stop going before you delivered?

	<u>Number</u>	<u>Percent</u>
1) Yes	7	2.2%
2) No	312	96.6%
3) No Response	4	1.2%

n = 323

Why did you stop going before you delivered?

	<u>Number</u>	<u>Percent</u>
1) Because I moved	2	28.6%
2) No Medicaid after 1st visit to doctor, then I was homeless	1	14.3%
3) No response	4	57.1%

n = 7

Q-15 Did you use any tobacco products during your pregnancy?

	<u>Number</u>	<u>Percent</u>
1) Yes	101	31.3%
2) No	222	68.7%

n = 323

Q-15 a. What type of tobacco products did you use?

	<u>Number</u>	<u>Percent</u>
1) Cigarettes	96	95.0%
2) No Response	5	5.0%

n = 101

b. On the average, how much tobacco products did you use per day?

	<u>Number</u>	<u>Percent</u>
1) 1/2 to 3 cigarettes	9	8.9%
2) 1/2 pack to 1 pack of cigarettes	79	78.2%
3) More than 1 pack of cigarettes	4	4.0%
4) No Response	9	8.9%

n = 101

c. Did you quit using tobacco for a month or more during your pregnancy?

	<u>Number</u>	<u>Percent</u>
1) Yes	42	41.6%
2) No	54	53.5%
3) No Response	5	5.0%

n = 101

Q-16 Did you drink alcohol during your pregnancy?

	<u>Number</u>	<u>Percent</u>
1) Yes	46	14.2%
2) No	276	85.4%
3) No Response	1	0.3%

n = 323

Q-16 a. Did you drink less than once a week?

	<u>Number</u>	<u>Percent</u>
1) Yes	43	93.5%
2) No Response	3	6.5%

n = 46

b. If no, how many days a week did you drink?

No respondent answered "no" to previous question.

c. When you drank, how many beers, glasses of wine, or cocktails did you usually drink?

	<u>Number</u>	<u>Percent</u>
1) Less than 1 alcoholic beverage	6	13.0%
2) 1 alcoholic beverage	24	52.2%
3) 2 alcoholic beverages	8	17.4%
4) 3 alcoholic beverages	7	15.2%
5) 6 alcoholic beverages	1	2.2%

n = 46

d. Did you stop drinking for a month or more during your pregnancy?

	<u>Number</u>	<u>Percent</u>
1) Yes	40	87.0%
2) No	6	13.0%

n = 46

Q-17 Did you use any street drugs during your pregnancy?

	<u>Number</u>	<u>Percent</u>
1) Yes	5	1.5%
2) No	316	97.8%
3) No Response	2	0.6%

n = 323

a. What types?

	<u>Number</u>	<u>Percent</u>
1) Cocaine and others	1	20.0%
2) Marijuana	4	80.0%

n = 5

b. Did you stop using for a month or more during your pregnancy?

	<u>Number</u>	<u>Percent</u>
1) Yes	5	100.0%

n = 5

Q-18 During your pregnancy, did you need help with any of the following?
(Circle ALL that apply.)

	<u>Number</u>	<u>Percent</u>
1) Finding a doctor to provide me with pregnancy care	57	13.1%
2) Paying for pregnancy visits to the doctor or delivery of my baby	104	23.9%
3) Transportation for pregnancy visits	63	14.4%
4) Child care during pregnancy visits	36	8.3%
5) Selecting healthy foods during my pregnancy	53	12.2%
6) Paying for healthy foods	88	20.2%
7) Assistance with a drug or alcohol problem	4	0.9%
8) Assistance with quitting my smoking habit	14	3.2%
9) Did you need help with anything else during your pregnancy?	17	3.9%
	n = 436*	

SEE ATTACHED BREAKDOWN

10) I did not need any help during my pregnancy (Note: 32.2% of the 323 women did not need assistance)	104
11) No Response	4

***NOTE:** Respondents may have provided more than one answer to this question, resulting in 436 total responses rather than 219 (i.e., the number of respondents needing assistance with their pregnancy). The percents presented are based on the total of 436, rather than on the 219 women needing assistance.

Q-19 Did you contact any agency referred to you through the BABY YOUR BABY Program?

	<u>Number</u>	<u>Percent</u>
1) Yes	124	38.4%
2) No	189	58.5%
3) Don't Know	5	1.5%
4) No Response	5	1.5%
	n = 323	

a. Why didn't you contact the agency?

	<u>Number</u>	<u>Percent</u>
1) Did not need to	128	67.7%
2) Other - SEE ATTACHED BREAKDOWN	40	21.2%
3) No Response	21	11.1%
	n = 189	

Q-18 Responses to "Other"

	<u>Number</u>	<u>Percent</u>
Breast feeding	1	5.9%
Diabetes information	1	5.9%
Emotional support; Mother's support group	3	17.6%
Understanding what being pregnant meant; knowing what to expect and to do with my pregnancy	2	11.8%
Company during the day	1	5.9%
Finding a midwife	1	5.9%
Finding a doctor to support my VBAC attempt	1	5.9%
Needed place to go for domestic abuse problem	1	5.9%
Help getting my birth certificate	1	5.9%
Help with housework	1	5.9%
Finding child care when returning to work	1	5.9%
Running my business while at checkups	1	5.9%
Needed a place to live	1	5.9%
Was bedridden — needed help with everything	1	5.9%

n = 17

Q-19 Responses to "Other"

	<u>Number</u>	<u>Percent</u>
Already in programs	8	20.0%
Didn't know about agencies/Baby Your Baby	8	20.0%
No referral; don't remember referral	4	10.0%
Didn't get much information when I called information received after baby was born	3	7.5%
Contacted LaLeche; got help from welfare; they contacted me; WIC office	4	10.0%
Needed help (couldn't meet guidelines even though I was in debt; drinking problem; needed child care and transportation; wasn't one that I could afford; no telephone)	6	15.0%
Miscellaneous (too far along; had baby in California; saw it on bulletin board; LaLeche not mentioned in information; didn't have time; friend referred me; home birth is the best)	7	17.5%

n = 40

Q-20 Do you feel that the agency that you contacted was helpful to you?

	<u>Number</u>	<u>Percent</u>
1) Yes	117	94.4%
2) No	6	4.8%
3) No Response	1	0.8%

n = 124

a. Why didn't you feel the agency was helpful?

	<u>Number</u>	<u>Percent</u>
1) Didn't give me much information/ run around	3	50.0%
2) Needed help with medical bills, but can't get it; couldn't get food stamps or anything	2	33.3%
3) No Response	1	16.7%

n = 6

Q-21 Did you find the 15-month BABY YOUR BABY calendar useful?

	<u>Number</u>	<u>Percent</u>
1) Yes	283	87.6%
2) No	20	6.2%
3) Don't know	13	4.0%
4) No Response	7	2.2%

n = 323

Q-22 Did you find the information pamphlets sent to you with the 15-month calendar useful?

	<u>Number</u>	<u>Percent</u>
1) Yes	236	73.1%
2) No	24	7.4%
3) Don't Know	45	13.9%
4) No Response	18	5.6%

n = 323

a. Which pamphlets did you find most useful?

SEE ATTACHED BREAKDOWN

b. Why didn't you find the pamphlets useful?

	<u>Number</u>	<u>Percent</u>
1) Already had or knew information	10	41.7%
2) Didn't need the information	8	33.3%
3) Didn't receive information, calendar, or services	6	25.0%

n = 24

Q-22a Responses to Pamphlets Most Useful

	<u>Number</u>	<u>Percent</u>
All; most of them; all, especially breastfeeding; all except drug information; all except seatbelt and alcohol use	58	24.6%
Breastfeeding; combination of breastfeeding with other pamphlets (WIC/Well child; what to do going into labor; caring for baby; returning to work; drug use; immunizations; newborn care; making decisions/getting ready; baby names)	38	16.1%
Can't remember; don't know; can't decide	6	2.5%
Car seat/seatbelts; combination of car seat with other pamphlets (health information; WIC; smoking/drinking)	6	2.5%
General baby information and combinations with other pamphlets (calendar; Baby Your Baby; breastfeeding; growth/development; shots; premature birth signs)	16	6.8%
Nutrition/Diet/Health Care; combination with other pamphlets (breastfeeding; baby care/ coupons; breastfeeding/development)	20	8.5%
Immunizations; combinations with other pamphlets (breastfeeding; child care protective services)	5	2.1%
Smoking; combination with other pamphlets (breastfeeding; immunizations)	4	1.7%
Miscellaneous (agencies; child support; crying; alcohol; relaxation; services available/breastfeeding; Shodair/WIC; touch of life/delivery beyond/breastfeeding; WIC/car seat/smoking/drinking)	8	3.4%
No Response	75	31.8%

n = 236

Q-23 Which one of the following categories best describes your age?

	<u>Number</u>	<u>Percent</u>
1) Less than 16 Years Old	1	0.3%
2) 16 to 18 Years Old	36	11.1%
3) 19 to 24 Years Old	130	40.2%
4) 25 to 30 Years Old	87	26.9%
5) 31 to 35 Years Old	43	13.3%
6) 36 to 40 Years Old	24	7.4%
7) 41 to 45 Years Old	2	0.6%
8) More than 45 Years Old	0	0.0%

n = 323

Q-24 What is the highest grade or year of school you completed?

	<u>Number</u>	<u>Percent</u>
1) Eighth Grade or Less	5	1.5%
2) Some High School	66	20.4%
3) High School Graduate or GED Certificate	109	33.7%
4) Some Technical School	21	6.5%
5) Some College	64	19.8%
6) Technical School Graduate	20	6.2%
7) College Graduate	30	9.3%
8) Post Graduate or Professional Degree	8	2.5%

n = 323

Is there anything that you would like to tell us about your pregnancy or help that you needed during your pregnancy? If so, please use this space for that purpose.

SEE ATTACHED COMMENTS

ADDRESS ADVANTAGES OF BREASTFEEDING. ADD INFO ON LA LECHE LEAGUE.
 ADVISE WOMEN OF IMPORTANCE OF PAP SMEARS.DIDN'T KNOW I HAD CERVICAL CANCER
 BIRTHRIGHT WAS A VERY HELPFUL AGENCY.PUT ME IN CONTACT WITH OTHER AGENCIES.
 BREASTFEEDING HAS BEEN THE MOST DIFFICULT PART.PREG EASY COMPARED TO AFTER
 BREASTFEEDING IS VERY DIFFICULT.I FOUND PAMPHLETS AND CONSULTANT AT ROSP
 CALENDAR WAS WONDERFUL. THANK YOU.
 CALL YOUR DOCTOR ANY TIME YOU ARE NOT FEELING RIGHT ABOUT THE PREGNANCY.
 CHILD WAS BORN IN HOSPITAL BUT SHE CAME BEFORE DR. ARRIVED
 COULD HAVE USED INFORMATION RE PREPARING SIBLING FOR ARRIVAL OF BABY
 COULD HAVE USED MORE HELP TO STOP SMOKING BUT DIDN'T KNOW WHERE TO GO.
 DENIED HEALTH COVERAGE BY 2 CO.'S. MED BILLS OVER 12,000
 DIDN'T RECEIVE A 15-MO CALENDAR.(RECORDER'S NOTE: NOT SAME NAME AS
 EAT HEALTHY FOODS AND DON'T DRINK ALCOHOL
 EXPERIENCED HEAVY BLEEDING AT 9 WEEKS ENDING AT 4TH MONTH. DR. TOOK THIS VER
 FINDING A DOCTOR WILLING TO BACK UP A RESPONSIBLE MIDWIFE
 HAD C SECTION.LABOR 3 WEEKS EARLY.ADVISE BECOMING FAMILIAR WITH C-SECTIONS..
 HAD NO MORNING SICKNESS. 1+BOUR DELIVERY. PERFECT PREGNANCY
 HAD PLASTA PREVEA.HAD TUBES TIED AND NOW MAY HAVE A HYSTERECTOMY
 HAD TO GO TO DICKINSON,ND AS DR IN GLENDIVE WAS ON VACATION. ND BABY!
 HAD TOXEMIA POISONING-HI BLOOD PRESSURE. SHOULD GET CHECKED REGULARLY.
 HELPED HAVING INFORMATION NEEDED. DEERING CLINIC & E. SETON WERE GREAT
 I CAN SEE WHERE BYB IS VERY HELPFUL. I HAD A LOT OF HELP AND INFO FROM MY DR
 I CHOSE TO HAVE HOME BIRTH WITH MIDWIFE.GREAT EXPERIENCE.WOULD DO AGAIN.
 I FOUND WIC USEFUL. TALKING TO OTHER WOMEN WAS ENLIGHTENING.
 I HAD NO WHERE TO GO. MY MOTHER KICKED ME IN THE STOMACH. I SLEPT ON THE PLA
 I HAD PIH AND HAD MY LABOR INDUCED. IS THERE ANY INFORMATION ON PIH OR WHAT
 I HAD TOO MUCH AMNIOTIC FLUID DISCOVERED IN 7TH MONTH OF PREG. INFO ON THIS
 I KNOW NOW I SHOULD HAVE WAITED LONGER AFTER 1ST CHILD. THANKS FOR HELP.
 I WANT PEOPLE TO START GETTING CARE RIGHT AWAY. PUTTING IT OFF COULD CAUSE A
 I WAS 3 MO PREG BEFORE I WENT TO SEE A DR. I WAS WORRIED ABOUT FINANCES
 I WAS DIAGNOSED AS HAVING A BLOOD CLOT RIGHT BY THE PLACENTA. I WORRIED THAT
 I WAS TREATED WITH UTHOST RESPECT WHEN USING MEDICAID AND FOOD STAMP
 I WENT INTO PREMATURE LABOR. EXERCISE MAKES DELIVERY A LOT EASIER. REST IS
 I WENT TO A CNM BUT ENDED UP HAVING A C-SECTION
 I WOULD LIKE TO SEE MORE ADVERTISING ABOUT THIS GROUP AND BE MORE SPECIFIC A
 INFO ON BONDING OR HOW EMOTIONAL A PERSON IS WITH ADJUSTMENTS AND OTHER
 INSURANCE REFUSED TO PAY. CONTACTED HUMAN RIGHTS - STRESS OF HOW TO PAY
 IT IS VERY IMPORTANT TO ALL PREG WOMEN TO CARE FOR THEMSELVES SO THAT
 IT WOULD BE NICE IF THERE WAS INFO ABOUT TOXEMIA IN YOUR PACKET
 KEPT YOUR 800 \$ ON THE REFRIGERATOR-GOOD FOR SOMEONE IN RURAL AREA
 KIDS ARE WORTH ALL THE PAIN AND SUFFERING
 KNOWING SOMEONE CARED WHO I COULD CONTACT IF I NEEDED HELP WAS A RELIEF.
 MAKE IT A POINT THAT PRENATAL VISITS ARE VERY IMPORTANT
 HAD PRETTY PICTURES ON THE CALENDAR.
 MED BILLS ARE \$500 A MO BUT WE HAVE REAL ESTATE SO DON'T QUALIFY FOR HELP
 MEDICAID TOOK FOREVER TO GET.STATE NEEDS TO REDUCE DELAY. DISCOURAGING.
 MEMBRANES RUPTURED 2 DAYS BEFORE I WAS AWARE OF IT.WENT TO HOSPITAL ON A GUT
 MORE INFO NEEDED ABOUT TESTING AVAILABLE TO DETERMINE BABY'S HEALTH IN UTERO
 MORE INFO ON PREMATURE AND PRETERM LABOR AND HOW TO DISTINGUISH FROM REAL
 MORE INFO ON PRETERM LABOR-DISADVANTAGE OF MEDS TO STOP IT-BED FOR 6 WKS ON
 MORE INFOR NEEDED ON PREVENTING PREMATURE BIRTH. INFO ON WARNING SIGNS.
 MORE INFORMATION ABOUT PRE-TERM LABOR AND CARE OF PREMIES
 MY NEEDS BETTER SYSTEM FOR WOMEN & FAMILIES IN ABUSIVE HOMES
 MY DOCTOR SAID I HAD A VERY HEALTHY PREGNANCY AND THE BEST DELIVERY SHE HAD
 MY IRON WAS LOW. WOMEN MUST REMEMBER TO TAKE PRENATAL VITAMINS.

NEED MORE DOCTORS IN ANACONDA. ONLY ONE GOOD ONE 28 MILES AWAY
NEED MORE INFO ON COMPLICATIONS I.E. PRECLAMPSIA
NEED SOME SUPPORT GROUP OTHER THAN AA TO NOT DRINK AND SMOKE
NEED SUPPORT GROUPS FOR UNWED 1ST TIME MOTHERS. THEY NEED HELP ON HOW TO
NEED TO LET PEOPLE KNOW ABOUT POVERTY LEVEL ON WELFARE AND WIC PROGRAMS
NEED TO STRESS PREGNANCY CHECKUPS. I WAS AT RISK AND DIDN'T KNOW IT.
NEED TO TELL MORE ABOUT HAVING PREMIE BABIES. IT'S REAL SCARY
NEEDED HELP PAYING BILLS AND GETTING FOOD FOR THE BABY.
NEEDED HELP PAYING FOR 2-3 MONTHS ON INFUSION PUMP TO DELAY LABOR. I WENT IN
NONE
PREGNANT WOMEN SHOULD HAVE NEEDED TESTS AND BE INFORMED BY PHYSICIAN
PREMATURE PROBLEMS. HAVE A 2 YR OLD AND NEEDED HELP DURING COMPLETE BEDREST
PROGRAM WAS VERY EDUCATIONAL. THANK YOU!
PROVIDE ALTERNATIVES TO HOSPITAL BIRTHS
REALLY APPRECIATED THE HELP & SUPPORT OF 2 WORKERS WHO CAME TO SEE ME.
SINGLE MOTHERS NEED SOMEONE TO TALK TO ABOUT PROBLEMS IN THE RELATIONSHIP
SOMEONE TO TALK TO OR LISTEN WHEN YOU HAVE A PROBLEM OR JUST FEELING BLUE
STILL IN SCHOOL
STILL IN SCHOOL - I HAD SOME PROBLEMS WITH TRANSPORTATION
STILL NEED HELP IN PAYING FOR OFFICE VISITS AND HOSPITAL. \$1500 FOR DR AND B
STRESS REDUCTION TECHNIQUES HELPFUL. I WENT INTO PRE-TERM LABOR 2X'S DURING
TELL THEM A BABY IS A MIRACLE AND THEY WILL BE HAPPY. MAKE THEM FEEL GOOD.
THANK YOU
THANK YOU FOR BEING SO FRIENDLY
THE IMPORTANCE OF LEAKING WATER
THE INFORMATION PROVIDED IS VERY GOOD AND USEFUL. THANK YOU.
THE ONLY TROUBLE I HAD WAS FINANCIAL
THE WIC OFFICE WAS VERY HELPFUL DURING MY PREGNANCY
THE WIC PROGRAM IS WONDERFUL. THAT IS HOW I LEARNED ABOUT BYB
THERE HAS TO BE SOMETHING FOR NAUSEA THAT WORKS. I HAD TO QUIT MY JOB.
THERE SHOULD BE SOME ONE TO ONE SUPPORT GROUP WITH QUALIFIED PEOPLE
THIS IS A GREAT PROGRAM. I APPRECIATED ALL OF THE HELP I WAS GIVEN.
THIS IS A WONDERFUL AGENCY-WITH HELPFUL, USEFUL INFO. THANK YOU FOR ALL THE
THIS IS A WONDERFUL PROGRAM. YOU NEED TO FIND MORE WAYS TO LET PEOPLE
THIS WAS MY 5TH C SECTION. IT WENT GREAT. THANK YOU VERY MUCH.
WAS GOING TO HAVE BABY AT HOME BUT GLAD HUSBAND OBJECTED. BABY WAS BADLY
WATCH BLOOD PRESSURE
WATCH SALT INTAKE SO YOU DO NOT DEVELOP TOXEMI OR HYPERTENSION
WELFARE SHOULD BE AVAILABLE TO WOMEN WHO CAN'T WORK BECAUSE OF ILLNESS BEFORE
WHAT YOU PROVIDED HELPED ME THROUGH LAST 4 MO OF PREGNANCY
WHERE TO GET PREGNANCY HELP FOR SINGLE NON-WED MOTHERS
WILL GRADUATE FROM SCHOOL IN JUNE. YOU DID A GOOD JOB HELPING ME. THANKS
WOMEN NEED MORE INFO ON CAESARIAN DELIVERIES AND POST PARTUM DEPRESSION
WOMEN NEED TO BE INFORMED ABOUT CHILD CARE-FEVER, DIARRHEA ETC.
WOMEN WHO THINK THEY ARE IN PREMATURE LABOR SHOULD SEE A DR. RIGHT AWAY
WOULD LIKE HYDROAEROBICS PAID FOR BY MEDICAID
WOULD LIKE TO SEE A LOCAL SUPPORT GROUP FOR WOMEN
YOU KNOW I LEARN'T FROM YOU EVEN IF I THOT I KNEW. THERE ARE THINGS I LEARN'T F
none

ABOUT WHAT YOU CAN DO FOR US. THANKS
ALTHOUGH WE ONLY RECEIVE \$900 A MONTH TO LIVE ON FROM THE REAL ESTATE
BEAUTIFUL BABY'S LIFE. I THANK GOD FOR A BEAUTIFUL BABY.
FEELING.
CARE FOR THEIR BABIES.
CAUSES IT?
CHILDREN
CONDITION SHOULD BE MADE AVAILABLE TO WOMEN
EVER SEEN.
FAMILY, FRIENDS AND LAMAZE' THANK YOU!
FROM YOU THAT I DIDN'T KNOW. THANK YOU
HAVEN'T RECEIVED HOSPITAL BILL.
HELPFUL.
KNOW ABOUT IT.
LIGHTLY. TERRIFYING TO US. DR'S SHOULD BE MORE UNDERSTANDING AND INFORMATIVE
PAMPHLETS AND CALENDAR
PERSON INTERVIEWED BUT ADDRESS MATCHES)
PLAYGROUND OF THE SCHOOL
POSITIONED. SHE HAD 1 IN 20 CHANCE OF BEING DOWN SYNDROME BUT IS PERFECT.
PREG. HAD TO BE TERMINATED AT 2 MONTHS BUT CARE AND PRAYER HELPED.
PREGNANCY DUE TO STRESS
REINFORCE THAT THEY WILL CHECK ON THIS
SERVICE WHICH I RECEIVED AFTER CONTACTING BYB. THANK YOU VERY MUCH!
THE BABY WILL BE HEALTHY & STRONG WHEN DELIVERED.
THEY ARE 6 MO. PREGNANT.
THEY GAVE LOTS OF INFO AND GENUINELY CARING.
TO LABOR AT 25 WEEKS INTO MY PREGNANCY
TRIBUTALINE
UNTIL I LEARNED ABOUT MEDICAID FROM BABY YOUR BABY. THANKS FOR THE CALENDAR.
UNTIL I WENT IN FOR PREGNANCY CHECKUP. WOULD HAVE SPREAD BEFORE I KNEW.
VERY IMPORTANT
WOULD BE HELPFUL
YOU ARE IN. NOT ABUSIVE, JUST NOT GOING WELL



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Healthy Mothers,
Healthy Babies

